



HARVARD MODEL UNITED NATIONS 2012 SHERATON BOSTON HOTEL

HOTEL RESERVATIONS FORM A

SCHOOL: _____

The Sheraton Boston Hotel is pleased to host the Harvard Model United Nations Conference. To reserve rooms for HMUN 2012, please fill out the requested information on Hotel Forms A and B. Please retain copies of these forms for your records and send them with full payment to the Sheraton Boston by Friday, December 7, 2011. If paying by check, please note your school's name on the check. Note that all reservations are made on a first-come-first-serve basis and submission of this form does not guarantee room type.* Schools that return their forms and payment to the Sheraton Boston after this deadline will be assigned rooms on a space-available basis. **This form will not be processed by the Sheraton Boston unless full payment is received.**

*Send Forms A and B and full payment to: **Sheraton Boston Hotel** Tel: 617.236.6023
Attn: Greg Burke, Reservations Dept. Fax: 617.236.6095
HMUN 2012 Reservations greg.burke@sheraton.com
39 Dalton Street
Boston, MA 02199

Please print your information neatly below.

Name of Faculty Advisor: _____ Day Phone: () _____

School Address: _____ Evening Phone: () _____

_____ E-mail Address: _____
 (confirmation numbers will be sent via email)

Arrival date/estimated time: _____ Departure date/estimated time: _____

Please note: The minimum suggested stay is from the night of Thursday, January 26 to the morning of Sunday, January 29. Check-in time is after 3:00 PM and check-out time is prior to 12 PM.

On the lines below, please indicate the number of each type of room requested and calculate the total cost based on the number of nights you will be staying at the hotel. All rates include a Boston Hotel Tax of 14.45%.

No. of Singles	_____	X	\$230.04	X	_____	Days	=	\$	_____	
No. of Doubles	_____	X	\$230.04	X	_____	Days	=	\$	_____	
No. of Triples	_____	X	\$230.04	X	_____	Days	=	\$	_____	
No. of Quads	_____	X	\$254.08	X	_____	Days	=	\$	_____	
							TOTAL DUE	=	\$	_____

Credit Procedure: All room and incidental charges will be billed under the name of the Faculty Advisor. Additional charges not paid at check-out will be the responsibility of the school. The Faculty Advisor will be required to review the status of their school's room account upon check-out. Massachusetts Law requires the presentation of a credit card prior to registration. In order to expedite registration at the conference, please include the number, type, and expiration date of a credit card to be used for incidental expenses of all school rooms. Please note: any individual or group placing any charges on a credit card must get credit card authorization from the hotel if the cardholder will not be present to sign for charges. Fill out the information below and send a photocopy of the front and the back of the credit card to ensure credit authorization.

Name on Card: _____ Card Number: _____

Expiration Date: _____ Visa _____ MC _____ AmEx _____ Discover _____

Signature of Faculty Advisor _____ Date: _____

FOR OFFICE USE ONLY: Form Received: ___/___/___ Rooms Assigned: ___/___/___

RETURN TO THE SHERATON BOSTON BY DECEMBER 7, 2011



HARVARD MODEL UNITED NATIONS 2012 SHERATON BOSTON HOTEL

HOTEL RESERVATIONS FORM B

SCHOOL: _____

Please list the occupants of each room you are reserving at the Sheraton Boston. Please circle whether each room below is for faculty advisors or for students. The hotel will be **UNABLE TO PROCESS YOUR RESERVATION WITHOUT SPECIFIC NAMES** assigned to all rooms. Changes to the list of delegates and rooms cannot be accepted after Tuesday, December 20, 2011. If you need more space, please use the next page.

Due to hotel limitations, no more than four people are allowed in a room. Students will have to share beds; extra cots will not be available.[†]

To guarantee your rooms at the conference, please send both Hotel Forms A and B and full payment to the Sheraton Boston Hotel directly before December 7, 2011. These forms will not be accepted without full payment.

Room _____ of _____ students/faculty Room _____ of _____ students/faculty

Room _____ of _____ students/faculty Room _____ of _____ students/faculty

Room _____ of _____ students/faculty Room _____ of _____ students/faculty

Room _____ of _____ students/faculty Room _____ of _____ students/faculty

*The hotel will confirm within 72 hours of receiving this form if your preferred room type is available. If preferred room type is not available, the Sheraton will provide 2nd best option for agreement. This may result in additional fees based on occupancy.

[†] Please note that the hotel will confirm all bedding appropriate to the occupancy of the room based on no more than 2 people per bed. However, the hotel cannot guarantee a room with 2 double beds and occupancy of a room refers to the number of guests allowed in a room, not the number of beds.

FOR OFFICE USE ONLY: Form Received: ____/____/____ Rooms Assigned: ____/____/____

PLEASE CONTINUE ON THE BACK IF NEEDED.