Group or Transient Rooming List Form – GSA Super Cup

Marriott
ATLANTA
GWINNETT PLACE

TEAM NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER _____

E-MAIL ADDRESS: _____

GROUP CODE: GSAO

RATE: $89.00

PMS NUMBER: 2448

KP

METHOD OF PAYMENT	
CREDIT CARD NUMBER:	
EXP. DATE	
NAME ON CARD:	
DIRECT BILL:	

I authorize the Atlanta Marriott-Gwinnett Place to use the credit card information listed above as payment for the charges indicated during the stay of the guest(s) listed below.
Authorized Signature: _____

#	NAMES	DATE ARRIVE	DATE DEPART	SMK	NON-SMK	KING	DOUBLE	ALL CHARGES TO MASTER	RM/TX TO MASTER ONLY	EPO	SPECIAL NOTES	Conf. Numbers
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Group or Transient Reservation Form

Group Name: GSA Supercup 2007 TEAM NAME: _____

#	NAMES	DATE ARRIVE	DATE DEPART	SMK	NON-SMK	KING	DOUBLE	ALL CHARGES TO MASTER	RM/TX TO MASTER ONLY	EPO	SPECIAL NOTES	Conf. Numbers
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