



Telecommunications Order Form
333 West Harbor Drive, San Diego CA 92101
Telephone: (619) 230-8970 Fax (619) 230-8905

Today's Date: _____

Phone Number: _____

Group Name: _____

Fax Number: _____

Client: _____

Email: _____

Address: _____

Event Manager: _____

Equipment Options	
<p><u>Telecommunications:</u></p> <p>Telephone with telephone line.....\$235 (\$210/line, \$25/phone)</p> <p>Speakerphone.....\$360 (\$210/line, \$150/phone) Speakerphone will not work properly in Marriott, San Diego or Marina Ballrooms</p> <p>Modem line for credit cards.....\$210/event *All lines are programmed with "9" as the prefix*</p>	<p><u>Basic Internet Access: Internet Managed by Property</u> <u>Streaming video is not included in the following pricing</u></p> <p>Hard Lines =\$200 per day / per line. (Security passcodes are used on all connections. Lines cannot be used in routers or switches.)</p> <p>Wireless =\$25 per day / per connection (Security passcodes are used on all connections)</p> <p>For specific Bandwidth requirements (\$350 per mbps per day, Includes Static IP's.) VLAN's, Please call Tom Ulrich at 619-230-8970 for details.</p>

Meeting Room Name and or Booth #	Equipment / Service	Installation Date & Time	Removal Date & Time	Extension (office use only)	HA # (office use only)

Billing - 25% service charge will be applied to all telecom orders.

Credit Card (Form is attached) Master account

Estimated Total: \$ _____ Client's Signature: _____

**All phone calls are billed at AT&T Day Time Operator Assisted rate plus hotel surcharges starting at 55% plus tax - International add \$8.00*

In anticipation of your upcoming event, we wish to inform you of our policy concerning the use of wireless devices in our hotel. Specifically, the use of private wireless devices is permitted provided it does not cause harmful interference or pose a security threat to the hotel's network.

If you do bring your own wireless device, you may be asked to adjust the device settings in order to avoid service interruption/degradation to the hotel's network or wireless service offerings. If such coordination is not practicable due to technical reasons or hotel resources, you may be required to discontinue utilizing the wireless network.

Log Date: _____

Logged By: _____



For Office Use Only

Acct: _____

Check-In: _____ Check-Out: _____

Emp. #: _____

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Credit Cards will be charged upon receipt of the form. **This form must be faxed in 5 days prior to arrival.** Please fax the completed form to the At Your Service Department at (619) 230-8905.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone/FAX number: _____ eMail: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number(s): _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room rate:* Taxes:* Total rate:* Number of nights:

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges Room & Tax Destination Fee Telephone (Local) HS Internet

Room Service Valet (Laundry) Restaurant Telephone (LD) Movies

Parking Other: _____

I certify that all information is complete and accurate. I hereby authorize the San Diego Marriott Hotel & Marina to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \$_____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____