Marines' Memorial Club & Hotel Group Reservation Form

Group Reservation Code: TBS 768 REUNION
Room Block Dates: October 22-26, 2009
Deadline for Guestroom Reservation: July 30, 2009
GROUP MEMBER RATES: $175.00 single/double occupancy
Check-in Time: 4:00pm **Check-out Time:** 12:00pm

The TBS 768 Reunion rates include one (1) year membership in the Marines' Memorial Association. All eligibility requirements must be met including honorable service in any branch of the US Armed Forces. **Upon arrival** at the Club, reunion attendees must complete an application and provide a copy of their DD214. Attendees who do not complete the application process for complimentary membership will be charge a **non-member surcharge of $29 per night**. At group member rate of $175, existing Marines' Memorial Club members in good standing will receive one (1) year complimentary membership renewal.

IMPORTANT NOTE: Eligible attendees who wishes to register for the complimentary membership prior to check-in MUST NOTE the following under the REFERRED BY space on the application: **1 YEAR COMP MEMBERSHIP UNDER TBS 768 REUNION.**

After the deadline date, the **Marines' Memorial Club** will accommodate your request subject to room and rate availability. Please note that the group member rate may not be available after this date. Please call 415-673-6672 x 223 for further membership information or visit www.marineclub.com/membership.

The Marines' Memorial Club & Hotel is a smoke free environment including all guestrooms and suites, corridors, meeting and function space, the business center, and the restaurant and bar area. Any guest found to be in non-compliance may be charged a cleaning and recovery fee. The Club's front office personnel will be pleased to direct guests to designated smoking areas outside the building. Your compliance will be appreciated.

Kindly complete the following information and send it via regular mail to the address below, or via fax to (415) 441-3649 or via e-mail to reservations@marineclub.com by the deadline date:

Name: _____

Address: _____

MMC Member Number (if applicable): _____

Daytime phone number: _____ Cell: _____

E-mail address: _____

Date of arrival: _____ Date of departure: _____

Number of Guests: _____

Additional name(s) if sharing accommodations: _____

_____

Bedding request: _____

Please note that we do not guarantee bedding type.

Special needs/requests: _____

Credit card number: _____ Expiration date: _____

Signature: _____

CANCELLATION POLICY: 48-hour cancellation policy. Room reservations must be guaranteed by personal check or credit card in order to be valid.

MARINES' MEMORIAL CLUB & HOTEL
609 SUTTER STREET, SAN FRANCISCO, CA 94102
RESERVATIONS DEPARTMENT: (800) 562-7463 • FAX: (415) 441-3649 • WWW.MARINECLUB.COM