

School: \_\_\_\_\_

The Boston Park Plaza Hotel is pleased to host the Harvard National Model United Nations conference this year. To reserve rooms at the Park Plaza, please TYPE or PRINT CLEARLY the requested information on both pages of this form. Reservations can be submitted by mail, email, or fax, but will **not** be accepted by phone. Retain copies of this form for your records, and send the form **with full payment** to the Boston Park Plaza Hotel, to be received by **14 January 2010**. Please note that no reservations may be made without payment. All accommodation reservations are made on a first-come, first-served basis. Schools that return their forms and payment to the Park Plaza after this deadline will be assigned rooms as available. Schools submitting forms late may be housed in overflow hotels, which may be slightly more expensive than the group rate. All checks should be made out to The Boston Park Plaza Hotel. **DO NOT RETURN THIS FORM TO HNMUN.**

Send this form and full payment to:

Boston Park Plaza Hotel  
 Attn: Julian Rosario, Reservations Department  
 HNMUN 2009 Reservations  
 64 Arlington Street  
 Boston, MA 02116-3912

or Make your reservation via email:  
 julian.rosario@starwoodhotels.com  
 or Make your reservation via fax:  
 Fax: (617) 423-1708  
 Boston Park Plaza Hotel Front Desk: (617) 426-2000

Contact Person: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
 School Address: \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Email address: \_\_\_\_\_  
 \_\_\_\_\_

Arrival day, date, time: \_\_\_\_\_ Depart day, date, time: \_\_\_\_\_

Please note: The minimum suggested stay is from the night of Thursday, 11 February, to the morning of Sunday, 14 February, 2010. Check-in time is 3:00 PM and check-out time is 12:00 PM (noon). Room requests for days prior to and following the conference dates are based on hotel availability.

Please indicate the number of each type of room requested and calculate the total cost based on the number of nights.

(1 person) No. of Singles	_____	X	\$156.00	X	_____	Nights =	\$ _____
(2 people) No. of Doubles	_____	X	\$166.00	X	_____	Nights =	\$ _____
(3 people) No. of Triples	_____	X	\$180.00	X	_____	Nights =	\$ _____
(4 people) No. of Quads*	_____	X	\$180.00	X	_____	Nights =	\$ _____

**Subtotal =** \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_ Plus 14.45% Boston Hotel Tax = \$ \_\_\_\_\_  
 Check  Credit Card Wire Transfer Fee = \$ \_\_\_\_\_  
 Wire Transfer (contact Julian--additional fee applies) **Total Due =** \$ \_\_\_\_\_

\* Quad rooms do not have four beds

\*\*Due to the number of schools requiring rooms, standard hotel cancellation procedure does not apply:

**No refunds will be given on hotel changes or hotel cancellations received after 29 January 2010**

Credit Procedure: All room and incidental charges will be billed under the name of the Contact Person above. Additional charges not paid at check-out will be the responsibility of the school. The Contact Person will be required to review the status of his 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 charges on a credit card must get credit card authorization from the hotel if the cardholder will not be present to sign for charges or if the credit card itself will not be present. **Those schools choosing to pay by credit card will be billed immediately for the full amount.** Please note that the completed credit card authorization will only be accepted by Fax.

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  Visa  MC  Amex  Discover  
 Contact Person Signature: \_\_\_\_\_ Email address: \_\_\_\_\_

For Office Use Only: Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rooms Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_

Please list the occupants of each of your rooms on this form for the Boston Park Plaza Hotel. **The hotel will be unable to process your Reservation Form unless SPECIFIC NAMES are assigned to all of your rooms.** Changes in room type or cancellations will not be accepted after the cutoff date of 14 January 2010. Name changes will be accepted until 2 (two) weeks prior to arrival. All changes must be sent either by fax or email. No changes may be made over the phone.

Due to hotel limitations, there is a maximum of four people per room. Students will be expected to share beds—extra cots will not be available. Room types are not guaranteed. You are guaranteed enough bedding for the number of people assigned to the room.

In order to guarantee your rooms at the conference, please send BOTH pages of this form, with full payment, to the Boston Park Plaza Hotel before 14 January 2010. **THIS FORM WILL NOT BE ACCEPTED WITHOUT THE FULL PAYMENT.**

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

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 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

\_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_  
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Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

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Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

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Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

Room \_\_\_\_\_ of \_\_\_\_\_ (students/faculty)

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(If you need more space, please make more copies)

THIS IS PAGE \_\_\_\_\_ OF \_\_\_\_\_.

Questions regarding your overnight accommodations for the HNMUN 2010 Conference should be directed to Julian Rosario, Reservations Department of the Boston Park Plaza Hotel.

**Signature accepting above terms and conditions of room reservation and cancellation policy** \_\_\_\_\_