



The Columbus
A RENAISSANCE HOTEL

Hotel Reservation Form

Grand Commandery of Knights Templar

OCTOBER 9 – 11, 2008

SEND HOTEL RESERVATION REQUESTS TO:

Special Rate: **\$99.00 Single/Double, plus tax**
\$199.00 Jr. Suite, plus tax
Overnight Parking \$18.00
Parking is Based on Availability

The Columbus, A Renaissance Hotel
Attn: Justin Yoast or Lana Hinton
50 N. Third Street
Columbus, OH 43215
614-233-7508
800-417-1057
614-228-2525 Fax

All rates are subject to a 16.75% room tax. All reservations must be guaranteed with a major credit card or check for the amount of the first night stay. **Changes and cancellations must be made through Group Rooms Coordinator 8:30am-4: 30pm at 614.233.7508.**

Enclose check or circle payment method: **Master Card** **Visa** **Diner's Club** **Amex** **Discover**

Card Number: _____ Expiration Date: ____/____
Check-In Time is 3:00pm. Check-Out time is 12:00pm

Reservations must be received no later than September 9, 2008, in order to receive the group rate. After this date, reservations will be received on a space availability basis. If room will be shared by more than one person, please enclose names of additional person(s).

ADVANCE DEPOSIT IS REFUNDABLE ONLY IF RESERVATION IS CANCELLED BY 4pm DAY OF ARRIVAL (BE SURE TO ASK THE RESERVATIONIST FOR A CANCELLATION NUMBER).

Thank you for requesting reservations at The Columbus, A Renaissance Hotel. This form will be returned, listing your confirmation number within a 24-hour period.

Name _____ Sharing Room With _____

Arrival _____ Departure _____ # Of Rooms Required _____

Phone _____ Fax () _____ E-mail _____

Company _____

Address _____ City/State _____

Postal Code _____

Credit Card Type _____ Number _____ Expiration _____

Date Faxed/Sent _____ Confirmation # _____