



Southern Interscholastic Press Association

March 4th-7th, 2010

Reservation Request Form and Rooming List

School Name: _____

Contact Information

Contact Name: _____

Contact Mailing Address: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email Address: _____

Arrival Date: _____ **Departure Date:** _____

Requested Room Type (King or Two Doubles): _____

Number of Rooms Needed: _____

Special Requests/Comments: _____

Payment Information

Note: A Valid Credit Card is Required to Guarantee the Rooms

Type of Credit Card: _____

Cardholders Name: _____

Card Number: _____

Expiration Date: _____

Will Room Charges Be Kept on This Credit Card, or Will You Be Bringing in a School Check?

Completed Reservation Form Must be Received by February 12, 2010

***Note: Completed Rooming List Must Be Attached in Order for Reservation to Be Accepted*

****Please Fax, Email, or Mail Completed Forms to:**

***Katherine Price
Event Manager
Columbia Marriott
1200 Hampton Street
Columbia , SC 29201
Phone: 803-744-6905
Fax: 803-254-2911
Email: Katherine.Price@marriott.com***

OR

***Pastache Leaphart
Group Coordinator
Columbia Marriott
1200 Hampton Street
Columbia , SC 29201
Phone: 803-744-6906
Fax: 803-254-2911
Email: pleaphart@pyramidhotelgroup.com***

Please List the Names of Each Individual Occupying Each Room:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

