



Group Billing Authorization Form

Please assist us in identifying the charges that will be approved to your Master Account, and the charges that are the responsibility of the Individual Guest. Please check the applicable column. All sections must be checked.

	<u>Master Account</u>	<u>Individual Account</u>
Meeting Package Rate (and Taxes)	_____	_____
Room Rate/ Split Billing (if Applicable)	_____	_____
Pre/ Post Room Rate (and Taxes)	_____	_____
Spouse Rate (and Taxes)	_____	_____
Incidentals to Include:		
• Laundry	_____	_____
• In Room Dining	_____	_____
• Long Distance Charge	_____	_____
• Beverage Charges in Cork Bar	_____	_____
• Beverage Charges in Las Rambles	_____	_____
• Gift Shop Purchases	_____	_____
• In- Room Video	_____	_____
• Valet Parking	_____	_____
• Garage Parking	_____	_____
• Mini-Bar	_____	_____
Business Service Center (Faxes, Copies)	_____	_____
Shipping Charges (Incoming / Outgoing)	_____	_____
Day Guest Charges (Guest without Room)	_____ X _____	N/A
Audio Visual	_____ X _____	N/A
Meal Surcharges	_____ X _____	N/A
Scheduled Tours/ Recreation	_____ X _____	N/A

Please List Those Persons Authorized to Sign to the Master Account: _____

Please List Those Persons who should have All Charges Billed to the Master Account: _____

Signature: _____ **Date:** _____

Please return this form to your Conference Planning Manager.