Hilton Atlanta

255 Cortland Street
Atlanta, GA 30303

Telephone: 1-877-667-7210 Group Code: SOC

Fax: 404-221-6301

Return Fax Number for Confirmation: _____

Email Address: _____

Society of Christian Ethics & Society of Jewish Ethics
January 3-6, 2008

(Reservation Form)

Name: _____ Affiliation: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ No. of Adults: _____ No. of Children: _____

Arrival Date: _____ Departure Date: _____ Expected Arrival Time: _____
Month/Date/Year **Month/Date/Year**

Sharing Room With: _____ Credit Card: AMEX _____ Visa _____ MasterCard _____ Diners/CarteBlanche _____ Discover Card _____

Card # _____ Exp. Date: _____ Date: _____ Signature _____

A ONE NIGHT'S DEPOSIT IS REQUIRED FOR CONFIRMATION OF RESERVATION!

PLEASE NOTE: Changes or cancellations must be made at least 72 hours prior to arrival date; otherwise the **deposit** will be **non-refundable**.

A charge of $75.00 will be assessed for early departures. **Check-in time after 3:00PM** **Check-out time before 11:00AM**

PLEASE CHECK PREFERRED ACCOMMODATIONS

☐ Single: $ 115.00 ☐ Double: $115.00 **Special Request:** King Double/Double Smoking Non-Smoking Accessible Room Rollaway with King Room ONLY Crib Refrigerator at $15 per stay

☐ Triple: $115.00 ☐ Quad: $115.00 **Parking Fee: $17.00 Self Parking (With in/out privileges) $24.00 Valet Parking (With in/out privileges) Note that garage clearance is 6 feet.**

Executive Level: Add $40.00 to rate ********After December 10, 2007 reservations would be subject to availability************

Rates are subject to applicable taxes of 15%. No charge for children 18 and under occupying the same room with parents. Maximum 4 persons per double bedded room and Maximum of 3 persons per King Room with Rollaway.

CONFIRMATION # _____ **DATE CONFIRMED:** _____