

We are looking forward to hosting the Michigan Association of Infant Mental Health Bi-Annual Conference May 5-7, 2019. To streamline your arrival process, we ask that organizations bringing 2 or more attendees whose sleeping rooms are being paid for by one method of payment send the following information **prior** to your arrival:

* The Organization Check or Credit Card paying for Attendees.
* A typed list of all names that are being covered by your Method of Payment.
* If applicable, your organization’s Tax Exempt Form.

We have included a copy our Credit Card Authorization Form to this Document. The Michigan State Tax Exempt Form is attached separately.

Please make check’s payable to Ann Arbor Marriott Ypsilanti.

Please mail all paperwork to the following address:

Ann Arbor Marriott Ypsilanti

c/o Marie Lenhardt

1275 South Huron Street

Ypsilanti, MI 48197



 **Credit Card Authorization Form**

We are delighted that you have selected us to host the Michigan Association of Infant Mental Health Bi-Annual Conference - Please provide all the information requested below as a form of payment for all event charges as outlined in your contract (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

**Cardholder Information**

|  |  |
| --- | --- |
| Name as it appears on the credit card: |  |
| Card type: |  | Visa |  | MC |  | Amex |  | Diners/CB |  | Discover |  | JCB |
| Account type: |  | Individual (personal credit card) |
|  |  | Corporate  | Company Name: |  |
| Credit Card Account Number: |  | Exp. date: |  |
| Address:(where statement is mailed) |  |
| City, State and Zip: |  |
| Phone number: |  | Fax or alternate number: |  |

**Organization Information**

|  |  |
| --- | --- |
| Organization Name  |  |
| Phone Number: |  | Fax or alternate number: |  |
| Dates of Stay: |  |

I certify that all information is complete and accurate. I hereby authorize **Ann Arbor Marriott Ypsilanti at Eagle** **Crest** to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

|  |  |
| --- | --- |
| Cardholder name: (Printed) |  |
| Cardholder signature: |  | Date: |  |

Please fax the completed form to **734-487-0773.**