

**California State University, Fullerton**  
**Guest Room Reservation Request**

Attn: Henry Flores, Front Office Manager  
Credit Card Authorization Fax: (714) 740-5016  
Direct Line: (714) 447-6649  
Email: [hflores@marriottfullerton.com](mailto:hflores@marriottfullerton.com)

*I hereby agree that **room and tax** charges incurred for the following guest at the Marriott Fullerton at CSUF will be charged/billed as shown below.*

|                  |  |                   |            |                      |  |
|------------------|--|-------------------|------------|----------------------|--|
| CSUF Guest Name: |  |                   |            |                      |  |
| Address:         |  |                   |            |                      |  |
| Phone:           |  | Fax:              |            | Email:               |  |
| Arrival Date:    |  | Departure Date:   |            | Confirmation Number: |  |
|                  |  | Double Bed (CSUS) | Room Rate: |                      |  |

|  |  |                                 |  |                  |
|--|--|---------------------------------|--|------------------|
| CSUF Department:   |  | CSUF Department Contact:        |  |                  |
| Phone:   |  | Fax:                            |  | Email:           |
| <b>Method of Payment</b> (Check below)                   |  | P-Card # (*For Room & Tax Only) |  | Expiration Date: |
| Credit Card for guarantee only. <input type="checkbox"/> |  | Cardholder Printed Name:        |  |                  |
| Credit Card, room & tax only. <input type="checkbox"/>   |  | Cardholder Signature:           |  | Date:            |
| Guest pay own charges. <input type="checkbox"/>          |  |                                 |  |                  |

**Comments / Special Requests:**

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***If guest is paying for personal or all charges, please provide credit card information below:***

|   |  |                  |
|---|--|------------------|
| Credit Card Number: (Visa, MasterCard, Amex, Diners Club, Discover) |  | Expiration Date: |
| Cardholder Printed Name:  |  |                  |
| Cardholder Signature:   |  | Date:            |

**TO SECURE RESERVATIONS:**

Upon completion of this Reservation Request Form, **fax to (714) 738-0288**. Marriott Hotel at CSU Fullerton will assign a confirmation number and fax the Reservation Request Form with confirmation information to the department fax number identified above.

Reservations can be canceled without incurring a charge no later than 6:00PM of the day immediately before the date of arrival. A cancellation number should be obtained from the Marriott Fullerton reservation agent at (714) 738-7800.

*\* Individuals are responsible for non-room related charges or expenses incurred during their stay.*

TRAVEL REQUEST No. \_\_\_\_\_