

The District Hotel

1440 Rhode Island Avenue NW
Washington, DC 20005, USA
phone: +1-202-232-7800
fax: +1-202-265-3725
<http://www.districthotel.com/>

RESERVATION FORM



- First Name: _____
- Last Name: _____
- E-mail Address: _____
- Room Type: ◇ 1 bed (for 1 or 2 persons), \$124.81/night incl. tax
 ◇ 2 beds (for up to 4 persons), \$147.71/night incl. tax
- Number of Persons: _____ Adults _____ Children
- Number of Nights: _____
- Check-in Date (month/day/year): _____
- Check-out Date (month/day/year): _____
- Credit Card Type: ◇ Visa ◇ MasterCard ◇ American Express
- Credit Card Number: _____
- Expiration Date: _____
- Name of Person on Credit Card; _____

I authorize the District Hotel to immediately debit the credit card listed above for the full amount of my room and tax charges, according to their reservation and cancellation policy.

Signature _____

Please fill out and sign this form, then fax it to +1-202-265-3725 or e-mail a scanned copy to stay@thedistricthotel.com, at the attention of Mike Englert, Group Sale Manager, group code MICRO.

A confirmation message will be sent by e-mail. Reservations are not guaranteed until you receive a confirmation from the hotel. Allow 48 hours to process. Cancel up to 30 days prior to arrival date for a full refund.