

# MMUN Conference Package Booking Form

## Conference Information

Location     \_\_\_ Fort Wayne, Indiana  
Package     \_\_\_ Hotel + Meals



## School Information

School Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact Person's Email Address \_\_\_\_\_  
# of Registered Participants     \_\_\_ Student Delegates     \_\_\_ Non-Delegates     \_\_\_ Total of Participants  
Total # of Rooms Needed     \_\_\_

## [!] Important Booking Instructions:

- > *The fillable form feature is not available in Adobe Reader . In order to be able to digitally fill out this form, you must have Acrobat 9 Pro, Pro Extended, or Standard, Acrobat 8 Professional, or Acrobat 3D Version 8. Download any of these versions for FREE at <https://helpx.adobe.com/acrobat/kb/acrobat-8-9-product-downloads.html>*
- > *Each form will allow you to book the conference package for a **maximum of 120 participants (30 rooms)** . If the number of registered participants in your group **is greater than 120 or your need for hotel rooms exceed 30** , please download another booking form from our website.*
- > *Each school must submit **only 1 (one) booking form** . Multiple forms will only be accepted if booking request requires **more than 30 hotel rooms**.*
- > *Booking forms will **NOT** be processed if your group is not fully registered on the school dashboard.*
- > *First and last names of participants must be listed **as they appear on passport**.*
- > *If your group needs to arrive early or stay beyond the conference dates, we will be able to offer the posted discounted rates **as long as there is availability** . Please specify **arrival and departure dates** under the corresponding fields in this form.*
- > *After filling out this form, **please save it on your computer and name the file after your school name** .*
- > *Email the filled out form to **booking@montessori-mun.org** and type the conference name in the email subject line, e.g., **NYC Conference, Rome Conference or Midwest Conference**.*
- > ***Incomplete forms will be returned.***



# MMUN Conference Package Booking Form



## Conference Package Billing Summary

| Room Count | Room Type | Number of Occupants | x | Package Price per Person for 3-Nights | = | Total per Room for 3 Nights | + | Shoulder Nights? How Many?<br>(if applicable) | = | Total per Room Including 3-Night Package + Shoulder Night(s) |
|------------|-----------|---------------------|---|---------------------------------------|---|-----------------------------|---|---|---|--|
| 1          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 2          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 3          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 4          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 5          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 6          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 7          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 8          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 9          |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 10         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 11         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 12         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 13         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 14         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 15         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 16         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 17         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 18         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 19         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 20         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 21         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 22         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 23         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 24         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |
| 25         |           |                     |   |                                       |   | \$                          |   |   |   | \$   |

Sum total per room for all rooms in your billing summary and type in the amount on the field 'Approved Charge' on the Credit Card Authorization page.

# MMUN Conference Booking Form



## Credit Card Authorization (up to 3 credit cards)

|    |  |   |  |   |   |
|----|--|---|--|---|---|
| #1 | <b>Cardholder Name</b><br><input type="text"/>   | <b>Credit Card Number</b><br><input type="text"/> | <b>Exp. Date</b><br><input type="text"/> | <b>CVV code</b><br><input type="text"/> | <b>Approved Charge</b><br>Total amount in USD<br><input type="text"/> |
|    | <b>Billing Address</b><br>Street (Include street, apartment or suite number)<br><input type="text"/> | City<br><input type="text"/>                      | State/ Province<br><input type="text"/>  | Zip Code<br><input type="text"/>        | Country<br><input type="text"/>                                       |

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|    |  |   |  |   |   |
|----|--|---|--|---|---|
| #2 | <b>Cardholder Name</b><br><input type="text"/>   | <b>Credit Card Number</b><br><input type="text"/> | <b>Exp. Date</b><br><input type="text"/> | <b>CVV code</b><br><input type="text"/> | <b>Approved Charge</b><br>Total amount in USD<br><input type="text"/> |
|    | <b>Billing Address</b><br>Street (Include street, apartment or suite number)<br><input type="text"/> | City<br><input type="text"/>                      | State/ Province<br><input type="text"/>  | Zip Code<br><input type="text"/>        | Country<br><input type="text"/>                                       |

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|    |  |   |  |   |   |
|----|--|---|--|---|---|
| #3 | <b>Cardholder Name</b><br><input type="text"/>   | <b>Credit Card Number</b><br><input type="text"/> | <b>Exp. Date</b><br><input type="text"/> | <b>CVV code</b><br><input type="text"/> | <b>Approved Charge</b><br>Total amount in USD<br><input type="text"/> |
|    | <b>Billing Address</b><br>Street (Include street, apartment or suite number)<br><input type="text"/> | City<br><input type="text"/>                      | State/ Province<br><input type="text"/>  | Zip Code<br><input type="text"/>        | Country<br><input type="text"/>                                       |

Is there any additional information you would like to share with the MMUN booking team?

By filling out this form, you authorize MMUN to collect payment for the amount indicated under the section "Approved Charge" of this form by processing the credit card(s) provided.

**Sign** (by typing in your name)

**Date**