

CREDIT CARD AUTHORIZATION FORM

This form is to authorize the Stanford Park Hotel to bill my credit card for the event of:

Company Name	NBER (National Bureau of Economic Research)
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Arrival Date:	2019-03-13	Departure Date:	2019-03-16
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Group Name:	NBER March Room Block
Booking Number:	031319NBER
Arrival Date:	2019-03-13

Please indicate what you will pay (Check One):

All Charges Room & Tax Guarantee, Attrition, Cancellation Non Refundable Deposit \$9,000.00

Credit Card: Visa MasterCard Diners American Express Discover J C B

Please fax this completed form to 650-323-5461 or in PDF format to adaly@stanfordparkhotel.com

Card Number:

3 7 8 2 6 2 8 6 7 8 8 4 0 3 3

Name on Card

ROBERT SHANNON

Expiration Date:

09 23

3-4 Digit Card Verification

9625

Card holder's signature:



Upon Check out, we will send a copy of the charges to:

NBER
Company Name

ROB SHANNON
Attention

1050 MASS. AVE.
Address

CAMBRIDGE
City

MA
State

02138
Zip Code

Unless the hotel has approved direct billing; this will also serve as authorization to settle any balance remaining on the account.

PS