



Please complete the information below and send to the Omni Atlanta Hotel at CNN Center with your check via mail, or email with your Credit Card Authorization form.

Advisor Name: _____

Advisor Email: _____

Advisor Cell Phone: _____ - _____ - _____

Bookkeeper Name: _____

Bookkeeper Phone Number: _____ - _____ - _____

Preferred contact if there are billing questions:

Name	Phone Number
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Confirmation Numbers (list all):

If you have more than 20 rooms, please print off another form.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | |
| 7. _____ | |
| 8. _____ | |
| 9. _____ | |
| 10. _____ | |



Checklist

I have included the following:

- State Tax Form
- City Tax From
- Omni Check OR
Credit Card Authorization Form

Please read and check that you understand the following:

- I understand that if I am not paying with a school credit card, I am responsible for paying taxes on the hotel rooms that I am paying for.
- I understand that the \$5.00 Hotel/Motel Fee per room per night cannot be waived.