

Tundra Tours Inc. - Top of the World Hotel

Multi-room Request Form

Please print to complete this form. Then fax, mail or scan and email to the hotel.

Email: twh@tundratoursinc.com or Mail: **Top of the World Hotel Reservations, P.O. Box 189, Barrow AK 99723**
or Fax to: **Top of the World Hotel Reservations at 907.852.6752** (There is no need for a cover sheet.)

Promotional Code: _____

First Name: _____

Last Name: _____

Company/Group Name: _____

Company/Group Website: _____

Email Address: _____

Phone Number: _____

Street address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Identify Group Type: _____

Describe Your Group: _____

Response Due Date: _____

Decision Date: _____

Preferred Date(s): _____

Requested Number of Rooms: _____ Requested Room Type: _____

Preferred Dates	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date							
Number of Standard							
Number of Deluxe							

Alternate Date(s): _____

Alternate Date(s): _____

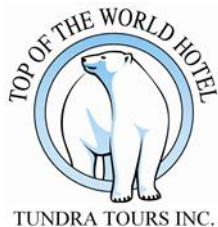
Additional Accommodation requests: _____

Notes: _____

*A minimum of a 50% deposit is required for a multi-room reservation. Following submission, the hotel will contact the requester to review availabilities, payment, deposit, and cancellation requirements.

Tundra Tours Inc. - Top of the World Hotel

3060 Eben Hopson Street | P.O. Box 189 | Barrow, Alaska | 99723 | Main 907.852.3900 | Fax 907.852.6752
U.S. Toll Free 800.478.8520 | Website: www.tundratoursinc.com | Email: twh@tundratoursinc.com | Group inquiries: 907.852.9443



Please print to complete this form, providing card holder's signature and submit it to the hotel. Once it is submitted please verify its receipt with the hotel.

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From: _____

Credit Card Authorization Form

I, _____, (print card holder's name) authorize
Tundra Tours Inc.-Top of the World Hotel, to apply the charges of (print guest's name)
_____ to my credit card.

Arrival Date: _____ Departure Date: _____

Number of Rooms _____ Total Rate Rooms: _____ Confirmation number(s) _____

Please initial the charges you wish to apply to your credit card;

Room & Tax Only: _____ Guests Incidentals: _____ All Inclusive: _____

Master Card and Visa are accepted credit cards;

Account Number: _____ Expiration Date _____

Digit code on card _____ (it is the three digit security code on the back of the card.)

Card Holders Billing Address:

Phone: _____ Fax: _____ Email: _____

Your signature below will constitute a binding agreement for full payment for the above-specified charges as well as any fees incurred, all terms and conditions apply.

Signature of Cardholder _____ Date _____

For Internal Use Only

Folio/Group Number:

Ledger Account Number:

Comments: