Washington Duke Inn & Golf Club

Graduation 2013
Accommodation Request Form

Disclaimer

This form represents a request for reservations and **does not** verify any accommodations. Once we have received this form, you will receive and e-mail verification of the receipt. This **does not** represent a confirmation of your reservation, but verification of the receipt of your reservation request. Accommodation Request Forms are due by 5:00PM EST on March 14, 2012 and will be randomly drawn on March 15, 2012. Formal confirmations will be sent out via e-mail and US Mail with your status for a reservation or your wait list by status (e-mail only) on March 16, 2012.

Please note we always receive more requests for reservations than we can accommodate. Accommodation Request Forms will be drawn randomly to ensure equal availability.

Last Name: First Name: Middle Initial:

Address 1: Address 2:

City: State: Zip Code:

Home Phone: Work Phone: Fax Number:

E-Mail Address:

Contact Preference: ☐ E-Mail ☐ Home Phone ☐ Work Phone ☐ US Mail

3 NIGHT MINIMUM STAY REQUIRED. Dates must include Friday, May 10, 2013 and Saturday, May 11, 2013.
Non-refundable Advance Payment will be charged during final confirmation of reservations.

Arrival Date: No. of Adults:

Departure Date: No. of Children: Age of Children:

Room Request Information:

Number of Rooms: (Maximum 3 Rooms) per family

Room Type Preference:

Master Suite / 2 Bedrooms	$1300.00 per night	
Deluxe Suite / 1 Bedroom	$715.00 per night	
Golf View Junior Suite/1 Bedroom	$670.00 per night	
Standard View Junior Suite/1 Bedroom	$635.00 per night	
Golf View King	$559.00 per night	
Golf View 2 Double Beds	$559.00 per night	
Standard Room King	$535.00 per night	
Standard Room 2 Double Beds	$535.00 per night	

Amenity Requests: (based on availability)

☐ Rollaway Bed (King Room Only)

☐ Crib

☐ Connecting Rooms Requested
Based on availability

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Credit Card Guarantee Information:

Card Type: _____ (VISA, Mastercard, Discover, American Express or Diners Card)

Card Number: _____ Expiration Date: _____ (MM/YYYY)

Comments: _____

THE WASHINGTON DUKE INN & GOLF CLUB HAS MY PERMISSION TO CHARGE THE BALANCE DUE (INCLUDING ALL APPLICABLE TAXES) TO THE ABOVE REFERENCED CREDIT CARD BASED ON THE TERMS ABOVE. THE WASHINGTON DUKE INN & GOLF CLUB AGREES TO PROVIDE ME WITH A COPY OF THE CREDIT CARD VOUCHER AND INVOICES VIA MAIL IN THE EVENT OF THIS OCCURRENCE IMMEDIATELY THEREAFTER.

_____ _____

Signature of Agreement (original signature required) Date

Print and Sign Completed Form

Return **COMPLETED** and **SIGNED** form to:

By Mail:	By E-mail:	By Fax:
Washington Duke Inn & Golf Club Attn: Reservations Manager 3001 Cameron Blvd Durham, NC 27705	Graduation13@wdigc.com	919.688.0105 Attn: Reservations Manager

Deadline for the RECEIPT of completed forms is:

Wednesday, March 14, 2012
5:00 PM Eastern Time