



FAX

To: Barbara Pressman, General Mgr. **Fax:** 650.857.0343
From: _____ **Fax:** _____
Re: Reservation Request **Date:** _____

STANFORD TERRACE INN	
Reservation for:	
Last Name _____ First Name _____	
University Affiliation _____	
Billing Address _____	
City _____ State (Province) _____	
Zip Code _____ Country _____	
Phone _____ Fax _____	
Email _____	
Dates and Preferences:	
Arrival Date: _____ Departure Date: _____	
Guests Per Room: _____ No. of Rooms: _____	
Room Type: <input type="checkbox"/> Single (\$130) <input type="checkbox"/> Double (\$140)	
No. of additional rollaway bed (\$10 / bed / night) _____	
<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking	
<input type="checkbox"/> In-room data port (if available)?	
Credit Card Information (to hold room):	
Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Card No. _____ Exp. Date _____	
Cardholder's Name _____	
Please confirm my reservation by: <input type="checkbox"/> Fax <input type="checkbox"/> Email	