State of Maryland Governor's Office on Service & Volunteerism
Atlantic National Service Training Conference 2017
Baltimore Maryland June 4-9, 2017

Please make reservations before May 10, 2017. If you have not made reservations by this date, contact Globetrotter Travel, and every effort will be made to secure your accommodations.

Fill out this form completely and mail or fax to:

Globetrotter Travel
18121 Georgia Avenue
Suite 104
Olney, MD 20832
Fax: 301-570-9514

DO NOT SEND THIS FORM TO HOTEL OR STATE OF MARYLAND

For Housing Information Call:
Toll Free U.S. 800-322-7032 or 301-570-0800 Press 2
M-F 9am-5:30pm Eastern Time
ON-LINE RESERVATIONS:
http://www.globetrottermgmt.com/umd

For Discounted Airline Tickets and Car Rentals Call:
U.S. 800-322-7032 or 301-570-0800   Press 1

Baltimore Marriott Inner Harbor at Camden Yards

Room Rate: $185.00 • 1 King bed or 2 Double Beds

Current Tax Rates: 15.5% *(Subject to change without notice)*
(Must have proper Government credit card showing tax exemption to be State tax exempt)

HOTEL IS SMOKE FREE

Hotel Amenities: Fitness Center, Business Center, Concierge Desk, Restaurant & Cafe, Room Service 6 AM to 11 PM

Room Amenities: Coffee Maker, Iron & Ironing Board, Hairdryer, Wet Bar *(fees apply)*, **Cable TV with Pay-per-view** *(fees apply)*, **Complimentary Basic WiFi for Conference Attendees**
(High Speed available for additional fee or free for Marriott Reward members),

Check in: 4 PM   Check out: 12 Noon

Onsite Self-Parking Currently $24 per day *(Subject to change without notice)*

Contact Information:

Name:_____

Address:_____

City:_____

State:_____ ZIP: _____

Dept: _____

Phone:_____

Cell: _____

Fax:_____

E-Mail: _____

Alt Info: _____

Occupant Information: *(Each line represents 1 room unless otherwise specified)*

# of People	# of Beds	Name(s) of Occupant(s)	Arrival Date	Departure Date

Special Requests *(please circle)*:   **Roll-a-way   Wheelchair Accessible**

Other_____

All reservations require a guarantee of the first night room & tax with credit card number

Credit Card Number:_____**Exp Date:**_____

Cardholder's Name:_____