

1800 Market Street Philadelphia, PA 19103

Temple University Reservation Request Form

(To be used when charges are to be paid by Temple)

Return this completed request form to Regina Ray at rray@sonesta.com and copy Robin Kramme at rkramme@sonesta.com

	<u> </u>	OPAL INFORMATION	
PLEASE CIRCLE ONE:	Room & Tax Only	Parking Included	ALL Charges
Fund:	Org:	Account:	Program:
Authority Name:		Authorization Signatur	e:
Business Purpose:			
Temple Department Na	ıme:		
GUEST RESERVATION I	NFORMATION:		
Arrival Date: Departure		e Date:	
Guest Name:	Telephor	ne Number:	Email Address:
RESERVATION REQUES	TED BY:		
Name:	Telephone Nun	nber: Fax	Number:
Department:	TU Office Number, Floor & Building Name:		
Email Address:			
** Please be advised th	at this email address wil	l be used to send email cor	nfirmations for this reservation**
Reservation Accepted	Ву:		

^{**}If the above room is available, your confirmation will be sent via email by the end of the next business day. If you need to cancel for any reason, you MUST let the front desk know by 4:00 PM two days prior to arrival to avoid any charges.