

Faculty House Reservations Request

105 S. Ridge Ave, Kannapolis, NC 28083

24-hr notice required for reservations/cancellations. Only partial refunds for early check-out.

Guest Name: _____

Business or University Affiliation: _____

Billing Contact Name: _____

Billing Address: _____

(Address to send invoice to **OR** Same as Credit Card)

City _____ State or Province _____ Zip _____

Billing Email: _____ Billing Phone: _____

Guest Email: _____ Guest Phone: _____

Number of Guests: _____	Student?	Yes	No
<input type="checkbox"/> Check if you need Handicap Access Room	<input type="checkbox"/> Check if you will need the Conference Room		
Arrival Date: _____	*Check-in Time is 3:00 pm		
Departure Date: _____	*Check-out Time is 11:00 am		
Related to NC State University Business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Method of payment: (Do NOT email CC info. Please call 704-250-5449 with card # and expiry date.)

Check#: _____ CC#: _____

Expiration Date: _____

IDT OUC#: _____ Sales Tax Exemption # _____

(For NCSU only)

PROMO CODE (if applicable): _____

RESERVATIONS WILL NOT BE GUARANTEED UNTIL PAYMENT ARRANGEMENT IS CONFIRMED! *Additional fees may be added based on guests' adherence to kitchen clean-up and house rules.

Send RECEIPT to above billing address
Send INVOICE to above billing address

OFFICE USE ONLY	
Room #	_____
Key Code:	_____