



CIAA 2009
February 22-February 28, 2009
Hilton Charlotte Center City, Charlotte, North Carolina
DEADLINE: January 15, 2009

Hilton Charlotte Center City Located adjacent to the Charlotte Convention Center and a short walk to Charlotte Bobcat Arena and over 100 of the finest restaurants and clubs, enjoy first class amenities such as 24-hour room service and a 24-hour business center and wireless high-speed internet access. Enjoy delicious selections in the Union Grille restaurant or sip your favorite beverages in the Union Station Lounge.

Guest Room Type	Single Rate	Double Rate	Triple Rate	Quad Rate
DELUXE KING	\$209.00	\$209.00	--	--
DELUXE DOUBLE	\$209.00	\$209.00	\$229.00	\$229.00
CORNER KING	\$219.00	\$239.00	--	--
EXECUTIVE KING	\$249.00	\$269.00	--	--
EXECUTIVE DOUBLE	\$249.00	\$269.00	\$289.00	\$309.00
DELUXE SUITE	\$435.00	\$435.00	--	--

INFORMATION AND INSTRUCTIONS

1. Deposits: The hotel require a one-night deposit per room to guarantee your arrival. All major credit cards are accepted for a deposit. The deposit guarantees your room until midnight on the requested arrival date. Please complete the credit card information on page two. ***(Two reservations maximum per person)***
2. **Your credit card guarantees your room(s) only. All credit cards will be charged first night's deposit, which is non-refundable, on Thursday, January 29, 2009. The confirmed special rates require a 3-day minimum stay, Thursday, February 26, 2009, through Sunday, March 1, 2009.**
3. Check in time is 3:00 pm. Check out time is 12:00 Noon
4. In the event a guest who has requested a room within the Saint. Augustine's College 2009 CIAA Basketball Tournament block checks out prior to the guest's reserved checkout date, the Hilton Charlotte Center City will add **an early checkout fee** equivalent to **one night's room and tax** to that guest's credit card. Guests wishing to avoid an early checkout fee should advise the Hilton Charlotte Center City at or before check-in of any change in planned length of stay.
5. The Hilton Charlotte Center City is a non-smoking Hilton Charlotte Center City. The non-smoking policy applies to all guest rooms, suites, outlets and public areas. Smoking is not permitted within Hilton Charlotte Center City building and guests who smoke are permitted to do so outside in designated areas. There is a significant room recovery fee (two hundred and fifty dollar **(\$250)** minimum) for guests who do not comply. This recovery fee will be charged to the guest account of the individual that violates policy in order to cover the extensive cost of restoring guest rooms to a smoke-free condition. Smoking regulations are subject to change without notice based upon changes in Hilton Charlotte Center City policy and state and local laws.

Please fax this form to Sheryl Ximines, Office of Alumni Affairs @ 919-516-5087

Please complete information below for room reservations under the Saint Augustine's College block. All reservations must be completed by Thursday, January 15, 2009.

Confirmations will be sent from the Office of Alumni Affairs to the email address provided below. Changes and cancellations should be made with Saint Augustine's College Alumni Affairs. The cancellation policy for the Hilton Charlotte Center City is 72 hours prior to arrival.

Guest Room Type	Single Rate	Double Rate	Triple Rate	Quad Rate
DELUXE KING	\$209.00	\$209.00	--	--
DELUXE DOUBLE	\$209.00	\$209.00	\$229.00	\$229.00
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EXECUTIVE KING	\$249.00	\$269.00	--	--
EXECUTIVE DOUBLE	\$249.00	\$269.00	\$289.00	\$309.00
DELUXE SUITE	\$435.00	\$435.00	--	--

Name of Occupants	Room Type	Arrival Date	Departure Date

Room Type (Please check)

- Deluxe King
 -Deluxe Double
 Corner King
 Executive King
 Executive Double
 1 Br. Suite
 2 Br. Suite.

Request room accessible to person with disabilities. If you have special needs or requirements, please let us know in the space provided and we will do our best to accommodate you. _____

Check one: AMEX Visa MasterCard Discover Diner's Club

Credit Card # _____ Expiration Date: _____

Credit Card Holder _____ Signature: _____

Send confirmation to:

Name _____ Company _____

Address _____

City _____ State/Country _____ Zip/Postal Code _____

Phone _____ Fax _____ E-mail _____

