



HOTEL ROOM RESERVATION FORM
Ocean Place is a smoke-free Hotel

(Please Print Clearly)

Group Name: JAMES

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Business Tel: _____

Home Tel: _____

Email Address: _____

Fax: _____

Please include your email address to be emailed back a confirmation letter.

Arrival Date: _____

Departure Date: _____

Credit Card Type Accepted For Guarantee:

Amex Master Card Visa Discover

Credit Card Number: _____ Expiration Date: _____

Credit Card Holder Name: _____

Special Request: _____

1 King: _____ OR 2 Queens: _____

Check in time is 4PM & Check out time is 11AM. All cancellation must be done by 4 PM at least 3 days prior to arrival.

Group Rate is \$ 169 per Night Plus \$8 resort fees, 7% sales tax & 8% Occupancy tax. Rate is based on Single or Double occupancy. Extra Person \$10.

This form could be faxed to 1(732) 483-5776, call us toll free (800) 411-6493 between the hours of 8:00 AM & 6 PM (Mon- Fri) EST. 9:00 AM TO 4:00 PM (Saturday).

Email to: reservations@oceanplace.com

Or Mail To:

Ocean Place Resort & Spa
Attention: Reservations department
One Ocean Blvd,
Long Branch, NJ, 07740, USA