DATE: _____
AGENT: _____

Group Fact Sheet

Group Information:

Name of Group: _____

Is the group traveling under funded government orders? ☐ Yes ☐ No

Group Name for Callers: _____ Group ID: _____

Location of Stay:

Property: _____ Number of Rooms _____

Arrival Date: _____ Departure Date: _____ Total Nights: _____

ON ORDERS:

Room break down – Indicate the total number of personnel requiring accommodations – Provide based on pay grade – Note: E1 – E4 may be required to share a room.

RANK	# of Rooms
E1 – E4 (Male)	
E1 – E4 (Female)	
E5 – E6	
E7 – E9	
O1 – O5	

RANK	# of Rooms
O6	
O7 – O10	
GS4 – GS14	
GS15+	
SES 1/5	

Leisure:

☐ Singles _____ ☐ Doubles _____

☐ *Standard Room* ☐ *Cabin* ☐*Multibed w/ Private Bath*

☐ *2 Twin Beds w/ Private Bath* ☐ *Suite* ☐ *Upgraded Suites*

Reservation Booking Method

☐ Rooming List ☐ Individual Call-Ins ☐ Online Reservations

Billing Method

☐ Individual or Government Travel Card (GTC)

☐ Direct Bill (Rooms Only)

☐ Direct Bill (Rooms and Incidental charges)

Command Name_____ How will invoice be paid? _____

UIC_____ Responsible POC Name_____

Unit/Street Address_____

City_____State_____Zip_____

Phone_____ Fax #_____

Official Email Address_____

Point Of Contact

Name: _____ GRADE:_____

Command Name_____

Unit/Street Address:_____

City_____State_____ZIP_____

Phone: _____ Cell: _____

Official Email Address:

_____

Secondary Point Of Contact

Name: _____ GRADE:_____

Command Name_____

Unit/Street Address:_____

City_____State_____ZIP_____

Phone: _____ Cell: _____

Official Email Address:

_____

NOTE: A credit card is required to guarantee and hold your group reservation. For security purposes, please contact your group coordinator and/or CNIC Central Reservation Office to securely provide your payment information. . Credit Card information that is provided to group POC or the Central Reservation Office (1-877 Navy-Bed/ 1-877-628-9233) should be immediately entered into the Defense Lodging System (DLS. This information will not be transcribed, emailed, or faxed at anytime.

Additional Information:

Do you have any additional travel needs for your command in the future?_____

_____

Do you know of any other commands that have travel needs or requirements that we can contact?_____

_____

Point of Contact at Property

Name: Naomi Manning/Michelle Comer

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