

HOTEL RESERVATION FORM
The Conference Center and Inn at Clemson University

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: (____) _____ Fax: (____) _____

E-mail Address: _____

Arrival Date: _____ Departure Date: _____

Room Request (Please check appropriate boxes.)
(Room Preference Subject to Availability)

_____ King Bed _____ Smoking _____ Suite
_____ 2 Queen Beds _____ Non-Smoking

Special Requests: _____

Type of Payment:

_____ Check enclosed – Made payable to the James F. Martin Inn
_____ Credit card

Name of Card: _____

Credit Card Number: _____

Exp. Date: _____

Signature: _____

Reservations may be made by phone at 1-888-654-9020, by e-mailing sharonf@clemson.edu
or by mailing this form and payment information to the address below:

Attention: Harriett Sausser
James F. Martin Inn
120 Madren Center Drive
Clemson, SC 29634

WE LOOK FORWARD TO HAVING YOU AS OUR GUEST!

jamesfmartininn.com

888.654.9020