

WESLEYAN UNIVERSITY  
INN AT MIDDLETOWN RESERVATION REQUEST FORM

Today's Date:

E-Mail the Form to: [frontdesk@Innatmiddletown.com](mailto:frontdesk@Innatmiddletown.com)

Direct: (860) 854-6300

Confirmation Letter will be sent back within 24 hours

NEW RESERVATION

Confirmation # \_\_\_\_\_

REVISED: Date \_\_\_\_\_

Confirmation # \_\_\_\_\_

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

**E-MAIL CONFIRMATION TO:**

**RESERVATION MADE BY / CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**PAYMENT INFORMATION**

Hotel services paid by University funds: (Please check all that apply)

Room \_\_\_\_\_ Meals \_\_\_\_\_

All Charges \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**WESLEYAN PCARD TO BE CHARGED**

Cardholder Name: \_\_\_\_\_

Last 4 digits of Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*ATTN FRONT DESK\* PLEASE EMAIL FINAL ITEMIZED INVOICE TO:**

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**COMMENTS/SPECIAL REQUESTS:**