



Hilton Old Town
1767 King Street, Alexandria, VA 22314

Reservation Form

YOUR NAME: _____

Please reserve the following room:

Arrival Date: _____ Departure Date: _____

- Single Double Triple Quad
 Non-Smoking Smoking
 King 2 Double Beds 1 Bedroom Suite Corner King

*****Reservations MUST be guaranteed*****

- MasterCard VISA AMEX Discover

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____

Hilton Honors Number: _____

Guest Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Send Confirmation to (please check ONE): Email Address Fax Number

Special Requests/Notes/Comments: _____

*****Reservation Department Use ONLY*****

Confirmation Number: _____

Reservation Made By: _____ Date Made: _____

IMPORTANT: All reservations have a 24 hour cancellation policy. If a reservation is not cancelled within 24 hours of its arrival date there is a penalty fee of the first night's room and tax charges.