To make a room reservation, delegates need to return their completed form to lavinia.gomes@renhotels.com, referencing Veeva R&D Summit, date of check-in and check-out.

Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions:** 0034 93 272 38 10. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Cécile Weickmans at 0034 93 272 38 12.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards. However, we recommend that the credit card holder purchase a gift card for the guest (if possible) rather than send their credit card number via this third party form.

CARDHOLDER INFORMATION – Required

Name as it appears on the credit/debit card: _____

Card Type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB

Account Type: ☐ Individual - ☐ Debit / ☐ Credit ☐ Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Phone Number: _____ Fax or Alternate Number: _____

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Relation to Cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) _____

Guest Signature: _____ Date: _____

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* _____ Taxes:* _____ Total Daily Rate:* _____ Number of Nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

☐ All Charges ☐ Room & Tax ☐ Telephone (LD) ☐ Telephone (Local) ☐ Restaurant

☐ Room Service ☐ Valet/Laundry ☐ Parking ☐ HS Internet Access ☐ Movies

☐ Other _____

I certify that all information is complete and accurate. I hereby authorize Renaissance Barcelona Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed $_____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above. I understand that my personal information submitted on this form will be processed, used, and transferred by the Marriott Group for the purposes of the contractual relationship, including transfer of the information to the United Sates or to countries that may have data protection rules different from the country in which I reside. For more information, please see our Global Privacy Statement (www.marriott.com/about/privacy).

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____

Please do not send a photocopy of the front or back of your credit card.

Marriott Confidential and Proprietary Information