



Hyatt Regency Crystal City
 2799 Jefferson Davis Highway
 Arlington, Virginia 22202 USA
 703.418.1234
 FAX 703.418.1289



click. click. done.

INTEL SUMMIT

Last Name PROCTOR		First Name RICHARD		Folio	1	Page	1
Street [REDACTED]				Room	1530		
City [REDACTED]				Rate	193.00		
State NJ		Zip Code 070653808		Arrival	02/17/06 FRI		
(908) 574-8931				Departure	02/21/06 TUE		
2/0				Bonuses	Type CCARD		
Account [REDACTED]							

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
02/17	PARKING	23.00	<p>Your account ([REDACTED]) will be credited for all eligible charges: * indicates an ineligible charge.</p> <p>Thank you for choosing the Hyatt Regency Crystal City. We trust you had a wonderful stay. In the coming weeks the Maritz organization may contact you to rate your stay on a scale of 1 to 5. It is our goal to score 5's in all areas. If you feel you cannot rate your stay a 5 please contact a Manager on Duty through the hotel operator or email us at btimashenka@hyatt.com We strive for 5!</p> <p>BILLING INQUIRIES: contact 703-418-1234</p> <p>Future Reservations: Visit us @ Hyatt.com</p> <p>Make it Efficient Use the Kiosk for Check-in/Check-out</p>		
02/17	GROUP ROOM	193.00			
02/17	*ROOM TAX	19.78			
*02/18	IN ROOM BKFST	45 49.00			
02/18	PARKING	23.00			
02/18	GROUP ROOM	193.00			
02/18	*ROOM TAX	19.78			
02/19	PARKING	23.00			
02/19	INTERNET SERVICE	9.95			
02/19	*GUEST MOVIES	17.99			
02/19	*OTH STATE TAX	.60			
02/19	GROUP ROOM	193.00			
02/19	*ROOM TAX	19.78			
02/20	PARKING	23.00			
02/20	GROUP ROOM	193.00			
02/20	*ROOM TAX	19.78			
02/21	INTERNET SERVICE	9.95			
02/21	XXXXXXXXXXXX [REDACTED] ExXX/XX	-1024.61			
Total Due		.00			
MASTERCARD [REDACTED]					

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.