



Reservation Request Form
State Plaza Hotel, 2117 E Street, Washington, DC

Name:

(Last, First)

Organization/Group Name:

Address:

Phone Number:

Credit Card Number:

Expiration Date:

CVV Number:

Email Address:

Arrival Date:

Departure Date:

Number of Guests in Room:

Special Request:

Signature:

Date:

Please scan this completed document and send to plaza@stateplaza.com. Please CC (copy) David at dmanalang@stateplaza.com as well (IMPORTANT). Thank you.