



Explore Program Authorization Form

Presentation of this Authorization Form entitles the below-named individual to receive the Explore Rate or Explore Friends Rate on a space available basis at participating Marriott International, Inc. operated, franchised, and licensed lodging properties worldwide. Immediate family is limited to a maximum of one room per night at the Explore Rate. Discounted rates are for personal travel only.

Accommodations at the discounted rate are requested for:

- ☐ Spouse or Domestic Partner of Associate
- ☐ Child of Associate
- ☐ Parent or Parent-in-Law of Associate or Parent of Domestic Partner
- ☒ Brother or Sister of Associate
- ☐ Friends and Family Rate

Ashley Aduayi

(Name of Guest)

TERMS AND CONDITIONS OF THE EXPLORE PROGRAM

1. This **original** Authorization Form must be presented and surrendered at the front desk at the time of check-in and may not be used by anyone other than the authorized individual.
2. Photo identification and this Authorization Form are required at the time of check-in.
3. Credit must be established at the time of check-in.
4. Associates and immediate family members will receive the Explorer Rate or Explore Friends Rate **for personal travel only** (not business). Associates traveling on business who receive the Explore Rate or Explore Friends Rate for personal travel put their hotel, division, or franchise at risk of losing the Explore Program for all their associates.
5. **Use of the Room Rate Discount is a privilege.** Your appropriate conduct and professionalism (as well as that of those persons in your party) is expected while utilizing the Explore Program. Any falsification of this form or inappropriate conduct or behavior during your stay may result in loss of room rate privileges and/or disciplinary action, up to and including termination of employment.

By requesting this Explore Rate or Explore Friends Rate, I accept and agree to abide by the terms and conditions outlined above.

MICHAEL ADUAYI

(Name of Associate)

398564109

(Associate's Employee ID)

Issued By:

Not Required

(Name of Manager)

Not Required

(Manager's Email Address)

6522T / South Boston CY (F)

(Location)

617/436-8200

(Manager's Phone Number)

Jul 03, 2017

(Expiration Date)