

INTERNATIONAL 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. Associates are limited to a maximum of two rooms per night at the Explore Rate; immediate family is limited to one room per night at the Explore Rate. Discounted rates are for personal travel only.

A	Accommodations at the discounted rate are requested for: [] Associate	
	[] 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	
	[X] Friends and Family Rate	
	[/] Therias and Falling Nate	
		Cleotida Durant
		(Name of Guest)
TERMS AND CONDITIONS OF THE EXPLORE PROGRAM		
1	 This original Authorization Form must be presented and surrence in and may not be used by anyone other than the authorized indi 	ered at the front desk at the time of check-
2	2. Photo identification and this Authorization Form are required at the	ne time of check-in.
	3. Credit must be established at the time of check-in.	
4	4. The Explore and Explore Friends Rate may include a voluntary daily donation to TakeCare Relief Fund, Inc.	
	(TCRF), which supports grants to associates at managed Marrio	t locations who are facing financial hardship
	caused by a natural disaster or certain other personal hardship e	vents. TCRF may also support other charitie
	that help associates and their communities cope in the aftermath	of major disasters. To opt-out of donating,
	contact the front desk during your stay or at check-out. For more information, please visit www.Marriott.com/culture-and-	values/takecare-relief-fund.mi
5	5. Associates and immediate family members will receive the Explo	
	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, of	ivision, or franchise at risk of losing
6	the Explore Program for all their associates.	and upt and professionalism (as well as
О	 Use of the Room Rate Discount is a privilege. Your appropriate of that of those persons in your party) is expected while utilizing the 	Explore Program, Any falsification or
	misinterpretation of this form or inappropriate conduct or behavior	r during your stay will be dealt with as
	misconduct in connection with the sponsoring associate's employ	ment. The conduct will be reported to
	the sponsoring associate's employer and could result in disciplina	ry action, loss of room discount
	privileges, and termination of employment.	
By requesting this Explore Rate or Explore Friends Rate, I accept and agree to abide by the terms and		
C	conditions outlined above.	a agree to acrae by the terms are
	Dani Daniali (10700)	-0
-	Dean Daniell 197999 (Associate)	ciate's Person Number)
	(A550)	Side 3 i Gi Soli Mullipei j
N.A	Maher Hanna	Maher.Hanna@whotels.com
	(Name of Manager)	(Manager's Email Address)
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July 20, 2023

(Expiration Date)

Form #: 39625305

(Location)

Not Available

42SUK - W South Beach

(Manager's Phone Number)