



VISTOR SERVICES AND TOURISM
MEETING RESERVATION REQUEST FORM

This is a one-page document representing your agreement with Macy's for services on the dates specified. Please review this information carefully, sign and return to Group Reservations at the fax number identified below. Please retain a copy of this agreement for your records. You will receive a separate Policies and Procedures document from the city where you are requesting your group programs. Policies and Procedures do vary from city to city.

CONTACT INFORMATION

Group Name: _____
Contact Name: _____
Contact Phone number: _____
Contact email: _____
Contact Address: _____
City, ST and Zip: _____

ABOUT YOUR GROUP VISIT

City Visiting: Chicago New York Philadelphia San Francisco
 Other: _____

Date of Group Visit: _____ Time of Visit: _____

Number of Group Members: _____

Requesting: (Check all that apply.)

Guided Tour Fee-Based Programs Group Dining Meeting
Space

NOTE: For Macy's Visitor Savings Passes ONLY, please use SAVINGS PASS ORDER FORM.

Contact Signature: _____ Date: _____

Please return this form via fax to:

New York 212.494.2118 Philadelphia 646.429.5020 Chicago 312.781.5407
 San Francisco 415.984.7946 Other Cities 415.984.7946