



A Union of Professionals

AFT Convention 2020

Return this form to AFT Convention Housing no later than Thursday, June 18 by email to [conventionhousing@aft.org](mailto:conventionhousing@aft.org) or call Karen Zook at (202) 879-4476

Date Received \_\_\_\_\_  
Hotel Assigned \_\_\_\_\_

# Individual Hotel Reservation Form

Houston | July 27-30

**1 CONTACT PERSON** (NAME and TITLE)

AFFILIATE NAME and NUMBER (or, if not AFT-affiliated) ORGANIZATION/COMPANY

STREET ADDRESS

CITY STATE ZIP

EMAIL ADDRESS

WORK PHONE MOBILE PHONE HOME PHONE

**2 HOTEL ACCOMMODATIONS** (Please number your hotel choices 1 to 4 in order of preference.)  
 Embassy Suites Houston Downtown       Hampton Inn Downtown Houston  
 Hilton Americas-Houston       Marriott Marquis Houston

**3 RESERVATION DETAILS** (Submit only one room reservation per form. Confirmation will be emailed to the address above.)  
Name of guest \_\_\_\_\_ Check-in date \_\_\_\_\_  
Sharing with \_\_\_\_\_ Check-out date \_\_\_\_\_  
\_\_\_\_\_ # of adults      \_\_\_\_\_ # of children       1 King Bed       2 Beds  
**(Room type preference is subject to hotel availability.)**

**4 RESERVATION GUARANTEE**  
 Debit card **or**  Credit card  
Card Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Number \_\_\_\_\_  
Cardholder \_\_\_\_\_  
 This room will be charged to a card that will not be presented by the cardholder at check-in. Please email me a credit card authorization form.  
 I will pay for this room myself. I do not need a credit card authorization form.  
 **By Check**  
\$ \_\_\_\_\_ Check # \_\_\_\_\_

**5 SPECIAL REQUIREMENTS**  
If you require special accommodations or services, indicate these below in as much detail as possible.  
