

## **HOTEL RESERVATION FORM**

AFT PSRP Conference
April 4-6, 2025 — Hyatt Regency Portland — Portland, OR

Fo	For AFT use only:		
Re	eceived:		
To	Hotel:		

## Completed form can be sent by the following methods:

Mail to: AFT PSRP Conference Housing, 555 New Jersey Ave. N.W., Washington, DC 20001

<u>Fax to</u>: AFT Convention, Meetings and Travel Department at 202-879-4558

<u>Email to</u>: Tori Wanzer, AFT Convention, Meetings and Travel Department, at <u>twanzer@aft.org</u>

** Deadline for hotel reservations is Wednesday, March 5 **			
1 NAME AND TITLE (CONTACT PERSON FOR ALL RESERVATIONS)			
LOCAL NAME AND NUMBER			
ADDRESS			
CITY STATE	ZIP		
WORK PHONE FAX	HOME PHONE		
EMAIL ADDRESS			
2a INDIVIDUAL RESERVATION (only 1 room needed)	2b GROUP RESERVATIONS (2 or more rooms needed)		
RESERVATION FOR  SHARING WITH	Please use the <u>conference rooming list</u> form to indicate names, arrival and departure dates, and room requests.		
	TOTAL NUMBER OF ROOMS NEEDED:		
ARRIVAL DATE	# of singles (\$254.04)		
DEPARTURE DATE	# of DOUBLES (\$254.04)		
☐ SINGLE (\$254.04) ☐ 1 KING BED	# of triples (\$283.04)		
☐ DOUBLE (\$254.04) ☐ 2 QUEEN BEDS ☐ TRIPLE (\$283.04) ☐ QUAD (\$312.04)	# of quads (\$312.04)		
3 RESERVATION GUARANTEE	4 SPECIAL REQUIREMENTS		
☐ By Credit Card	If any of your participants require special accommodations or services, please indicate these below.		
CARD TYPE         EXP. DATE			
Number			
CARDHOLDER			
If the above credit card is being used to pay for the entire stay of the guest(s), and the cardholder will not be present, the cardholder will			
need to complete and return the attached credit card authorization form. Form MUST be submitted 10 days prior to arrival.			
By CHECK (PAYABLE TO HYATT REGENCY PORTLAND) Checks must be received 30 days prior to arrival date			
CHECK # AMOUNT \$			