



A Union of Professionals

AFT Healthcare

HOTEL RESERVATION INFORMATION & INSTRUCTIONS

AFT Healthcare Professional Issues Conference

April 15-18, 2010

Washington Court Hotel

1. **Housing Deadline.** All reservation requests must be submitted on the enclosed Hotel Reservation Form. **The deadline is Wednesday, March 10, 2010.** No phone reservations can be accepted. Please type or print clearly, and fill in the form completely. After the deadline, unused rooms will be released back to the hotel and may not be available at the conference rate.

2. **Hotel Reservation Form and Electronic Rooming List.**

- **Section 2.** Complete **2a** if you need only one room. Complete **2b** if you need two or more rooms and the rooms are being guaranteed with one credit card or a deposit is being paid with one check. If you complete section 2b, you must also complete the Electronic Rooming List form (see instructions below).

- **Section 3.** All reservations must be guaranteed with a credit card or check deposit.

By credit card: If a credit card is used to guarantee a reservation, the card will only be charged in the event that the reservation is canceled less than 48 hours prior to arrival, or if the guest does not arrive on the reserved date. Affiliates that wish to use a credit card to pay for their participants must fill out the enclosed credit card authorization form and return it along with the hotel reservation form.

By check: If a check or money order for the first night's room and tax is used to guarantee a reservation, it must be sent to AFT at the time the reservation is submitted (*payable to Washington Court Hotel*), and will only be refunded if the reservation is canceled 48 hours prior to arrival.

- **Section 4.** Please be as specific as possible with your needs so that we may accommodate you.
- **Electronic Rooming List.** Go to www.aft.org/healthcare to download the form (an Excel spreadsheet) and e-mail the completed list to rhockfie@aft.org. Contact Rebecca Hockfield at 800/238-1133, ext. 4528, if you need assistance with the form.

3. **Room Rates.**

Room Type	Rate per Night	Including 14.5% tax
Single - one adult (king bed only)	\$173	\$198.09
Double - two adults (king or 2 dbls)	\$173	\$198.09
Triple - three adults	\$198	\$228.49
Quad - four adults	\$223	\$255.34
Roll-away bed - available in king-bedded rooms only	\$25	\$28.63

4. **Hotel Details.** The Washington Court is located at 525 New Jersey Avenue NW, adjacent to AFT's national headquarters. Check-in time is 4:00 p.m., and check-out time is 12:00 noon. The Washington Court is a smoke-free hotel. No smoking rooms are available; smoking is only permitted outdoors.

5. **Reservation Changes/Cancellations.** Name and date changes must be submitted in writing to the AFT meetings and travel department by fax or e-mail. Cancellations also must be submitted in writing up to 72 hours prior to arrival in order to avoid a charge of one night's room and tax. (Within 72 hours of arrival, you are responsible for contacting the hotel directly at 202/628-2100.)

6. **Send completed forms to:** AFT Healthcare PIC Housing
555 New Jersey Avenue NW
Washington, DC 20001
OR fax to the AFT meetings and travel department at 202/879-4558

7. **Questions?** Contact Rebecca Hockfield in the AFT meetings and travel department at 800/238-1133, ext. 4528, or by e-mail: rhockfie@aft.org.



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AFT Healthcare

HOTEL RESERVATION FORM
AFT Healthcare Professional Issues Conference
April 15-18, 2010
Washington Court Hotel

FOR AFT USE ONLY
Rec'd: _____
Hotel: _____
Batch: _____

The deadline for hotel reservations is **Wednesday, March 10, 2010.**

Send this form and other attachments (if applicable) to:
AFT Healthcare PIC Housing, 555 New Jersey Avenue NW, Washington, DC 20001
Or fax to: 202/879-4558

1

NAME & TITLE (contact person for all reservations)

AFFILIATE/LOCAL NAME and NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

WORK PHONE FAX HOME or CELL PHONE

E-MAIL

2a SINGLE RESERVATION (if only 1 room is needed)

Name _____

Sharing with _____

Check-in Date _____

Check-out Date _____

1 Adult (\$173) 1 king bed only

2 Adults (\$173) 1 king bed

3 Adults (\$198) 2 double beds

4 Adults (\$223)

Add 14.5% occupancy tax.

2b GROUP RESERVATIONS

(if 2 or more rooms are needed)

Indicate the total number of rooms needed in this box. To submit names, dates and other reservation details, visit www.aft.org/healthcare to download our new **ELECTRONIC ROOMING LIST**.

_____ # of king bedded rooms

_____ # of double bedded rooms

Total number of rooms needed: _____

3 RESERVATION GUARANTEE

By Credit Card

Card Type _____

Number _____

Exp. Date _____

Cardholder _____

By Check

\$ _____ Check # _____

4 SPECIAL REQUIREMENTS

If any of your participants require special accommodations or services, indicate those below in as much detail as possible.





Washington Court Hotel
525 New Jersey Avenue NW
Washington, DC 20001

AUTHORIZATION TO CHARGE CREDIT CARD

Group Name: **AFT Healthcare Professional Issues Conference**
April 15-18, 2010

Guest Name(s): _____
(or see attached rooming list for names)

Check-in Date: _____ **Check-out Date:** _____
(or see attached rooming list for dates)

Type of Card: **Visa** **MasterCard** **American Express**
 Discover **Diner's Club**

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

This credit card is authorized to:

- Pay for a deposit of the first night's room and tax only.**
(Guest must provide credit card or cash payment for balance of stay.)
- Pay for room and tax only for all nights.**
(Guest required to pay for own incidentals.)
- Pay all charges for all nights.**

As the card member, I authorize the Washington Court Hotel to charge the above described charges to my credit card account, and I have enclosed a copy of the front and back of my credit card.

Cardholder Signature: _____

Date: _____