

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

Hotel Room Block Request Form

Date Received
Hotel Assigned
Room Block Code

Houston July 27-30			ROOM Block Code
1 CONTACT PERSON (NAME and TITLE	Ξ)		
AFFILIATE NAME and NUMBER (or, if not A	FT-affiliated) ORGANI	ZATION/COMPANY	
STREET ADDRESS			
CITY	STATE		ZIP
EMAIL ADDRESS			
WORK PHONE	MOBILE PHONE		HOME PHONE
			signment and block code. Individual names, online at https://convention.aft.org .
GROUP DATES	# of GUEST ROOMS needed		
Check-in date	rooms with 1 bed		# of bedrooms attached to suite
heck-out date	rooms with 2 beds		Size of group if suite is for meetings or hospitality
RESERVATION GUARANTEE		5 SPECIAL REQU	JIREMENTS
■ Debit card or ■ Credit card		If you require special accommodations or services, indicate these below in as much detail as possible.	
Card Type Exp. Date			•
Number			
Cardholder			
These rooms should be charged to the card. Please email me a credit card autl			
This card is for guarantee only. Guests own rooms. I do not need a cc authoriz			
By Check			