

Date Received
Hotel Assigned
Room Block Code

Hotel Room Block Request Form Houston | July 22 - 25

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 in order of preference.)				
Hilton Americas-Houston	Marriott Marqu		quis Houston	
	ve confirmation by email of your hotel a individual names, dates, and reservation # of GUEST ROOMS needed rooms with 1 bed rooms with 2 beds		<pre>mment with instructions on how to submit a tails for your group. # of SUITES needed # of bedrooms attached parlor Size of group if suite is for meetings or hospitality</pre>	
4 RESERVATION GUARANTEE Debit card Or Card Type Exp. Date Number Cardholder These rooms should be charged to the affiliate's credit card. Please email me an authorization form. This card is for guarantee only. Guests will pay for their own rooms. I do not need a cc authorization form. By Check \$			JIREMENTS accommodations or services, in as much detail as possible.	