



Education | Healthcare | Public Services
AFT Convention 2024

Return this form to AFT Convention Housing no later than Thursday, June 13 by email to conventionhousing@aft.org or call Karen Zook at (202) 879-4476

Date Received _____
 Hotel Assigned _____

Individual Hotel Reservation 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 **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)

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.

