



A Union of Professionals
AFT Convention 2022

**Return this form to AFT Convention Housing no later than
Wednesday, June 8 by email to conventionhousing@aft.org
or call Karen Zook at (202) 879-4476**

Date Received _____
Hotel Assigned _____

Individual Hotel Reservation Form

Boston | July 14-17

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.)

<p>Aloft Boston Seaport</p> <p>Element Boston Seaport District</p> <p>Hampton Inn Boston Seaport District</p>	<p>Omni Boston Hotel at the Seaport</p> <p>Renaissance Boston Waterfront</p> <p>Seaport Hotel</p> <p>Westin Boston Seaport District</p>
------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

3 RESERVATION DETAILS (Submit only one room reservation per form. Confirmation will be emailed to the address above.)

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.

