



A Union of Professionals

AFT PSRP

Paraprofessionals and School-Related Personnel

# Hotel Reservation Form

AFT PSRP Conference

April 14-16, 2023 | Hilton Baltimore Inner Harbor | Baltimore, MD



For AFT use only:

Received: \_\_\_\_\_

To Hotel: \_\_\_\_\_

## Completed form can be sent by the following methods:

Mail to: AFT PSRP Conference Housing, 555 New Jersey Ave. N.W., Washington, DC 20001

Fax to: AFT Convention, Meetings and Travel Department at 202-879-4558

Email to: DelRica Jackson, AFT Convention, Meetings and Travel Department, at [dejackson@aft.org](mailto:dejackson@aft.org)

**\*\* Deadline for hotel reservations is Wednesday, March 8. \*\***

## 1 NAME and TITLE (CONTACT PERSON FOR ALL RESERVATIONS)

Local Name And Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### 2a Individual Reservation (only 1 room needed)

Reservation For \_\_\_\_\_

Sharing With \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

SINGLE (\$165.31)

DOUBLE (\$165.31)

TRIPLE (\$165.31)

QUAD (\$165.31)

1 KING BED

2 DOUBLE BEDS

### 2b Group Reservations (2 or more rooms needed)

Please use the [conference rooming list](#) form to indicate names, arrival and departure dates, and room requests.

Total number of rooms needed: \_\_\_\_\_

\_\_\_\_\_ # of SINGLES (\$245.58)

\_\_\_\_\_ # of DOUBLES (\$245.58)

\_\_\_\_\_ # of TRIPLES (\$269.08)

\_\_\_\_\_ # of QUADS (\$292.58)

### 3 Reservation Guarantee

BY CREDIT CARD

Card Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Number \_\_\_\_\_

Cardholder \_\_\_\_\_

If the above credit card is being used to pay for the entire stay of the guest(s), and the cardholder will not be present, the cardholder will need to complete and return the attached credit card authorization form. Form **MUST** be submitted 10 days prior to arrival.

BY CHECK (PAYABLE TO HILTON BALTIMORE INNER HARBOR).

Checks must be received **30 days** prior to arrival date

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

### 4 Special Requirements



If any of your participants require special accommodations or services, please indicate these below.

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