



Education | Healthcare | Public Services  
**AFT Convention 2026**

**Return this form to AFT Convention Housing no later than  
 Tuesday, June 2 by email to [conventionhousing@aft.org](mailto:conventionhousing@aft.org) or  
 call Karen Zook at (202) 879-4476**

Date Received \_\_\_\_\_  
 Hotel Assigned \_\_\_\_\_  
 Room Block Code \_\_\_\_\_

## Hotel Room Block Request Form Washington, DC | July 16 - 19

**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.)

Capital Hilton     Courtyard Downtown     Embassy Suites

Hyatt Regency Washington     The Madison     Marriott Marquis     Residence Inn Downtown

**3 ROOM BLOCK DETAILS:** The contact person listed above will receive confirmation by email of your hotel assignment with instructions on how to submit a rooming list with individual names, dates, and reservation details for your group.

<b>GROUP DATES</b>	<b># of GUEST ROOMS</b> needed	<b># of SUITES</b> needed _____
Check-in date _____	_____ rooms with <b>1</b> bed	_____ # of bedrooms attached parlor
Check-out date _____	_____ rooms with <b>2</b> beds	_____ Size of group if suite is for meetings or hospitality

**4 RESERVATION GUARANTEE**

**Debit card** or **Credit card**

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 an authorization form.

**By Check**

\$ \_\_\_\_\_ Check # \_\_\_\_\_

**5 SPECIAL REQUIREMENTS**

If you require special accommodations or services, indicate these below in as much detail as possible.

