



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

Education | Healthcare | Public Services
AFT Convention 2026

Date Received _____
 Hotel Assigned _____

Individual Hotel Reservation 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 **1 to 7** in order of preference.)

Capital Hilton
 Courtyard Downtown
 Embassy Suites
 Hyatt Regency Washington
 The Madison
 Marriott Marquis
 Residence Inn Downtown

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.

