Education | Healthcare | Public Services
AFT PSRP

HOTEL RESERVATION FORM

AFT PSRP Conference
April 2-4, 2027 — Hilton New Orleans Riverside — New Orleans, LA

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: Tori Vaughn, AFT Convention, Meetings and Travel Department, at tvaughn@aft.org

**** Deadline for hotel reservations is Friday, February 19 ****

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 ($283.83)
- ☐ DOUBLE ($283.83)
- ☐ TRIPLE ($319.08)
- ☐ QUAD ($354.33)

- ☐ 1 KING BED
- ☐ 2 QUEEN 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 ($283.83)

____ # of DOUBLES ($283.83)

____ # of TRIPLES ($319.08)

____ # of QUADS ($354.33)

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 15 days prior to arrival.

☐ **BY CHECK** (PAYABLE TO HILTON NEW ORLEANS RIVERSIDE)
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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