

# HOUSING FORM

## National Charismatic Conf.

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

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

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Room Type Desired:

Single \_\_\_\_\_ Double \_\_\_\_\_ (usually one bed)

Triple \_\_\_\_\_ Quad \_\_\_\_\_ (Double/Double)

Attach names of other persons in room.

\_\_\_ Requiring disability special services

\_\_\_ Non-smoking room request

\_\_\_ Special requests \_\_\_\_\_

\_\_\_\_\_

If more than one room is requested, please enclose list with number of rooms requested, types of rooms, and the names of those to be in each room.

### DEPOSIT INFORMATION

\_\_\_ Ck enclosed \_\_\_ Charge my credit cd

All reservation requests must be accompanied by a deposit in the amount of one night's stay + 9.7% tax. Housing Forms received without a valid deposit will not be processed. Checks should be made payable to the hotel desired.

Faxed requests must include valid credit card information and a copy of the front and back of the credit card.

MC \_\_\_\_\_ Visa \_\_\_\_\_ Exp. Date \_\_\_\_\_

# \_\_\_\_\_

\_\_\_\_\_

Name on Card

Signature required to process your credit card.

MAIL or FAX Housing Form to the hotel of your choice.