



WOMEN'S HOME AND OVERSEAS MISSIONARY SOCIETY
AFRICAN METHODIST EPISCOPAL ZION CHURCH
TWENTY-SEVENTH QUADRENNIAL CONVENTION
July 23-29, 2011

Housing Request Form

FOR IMMEDIATE HOUSING CONFIRMATION: Complete On-line Reservation form. Access the link at www.WHOMS.org

OR: Fully completed forms will be accepted by email, fax or mail. Please use one form per room request. Make copies as needed. Special requests and room type cannot be guaranteed. However, the hotel will do its best to honor all requests.

Fax: 713-227-6331

Email Address: housing@ghcvb.org

Mail: Houston Housing Bureau

901 Bagby Street, Suite 100

Houston, TX 77002

For Customer Service Only:

888-508-5731 (USA & Canada)

713-437-5239 (International)

(telephone reservations are not accepted)

DEADLINE: To take advantage of the special WH & OMS rates, please book your reservation by **July 1, 2011**. After that date, the room block will be released. Requests received after the deadline could possibly be assigned to an alternate hotel.

ACKNOWLEDGEMENT: Houston Housing Bureau will send an acknowledgement of your reservation via email, fax, or mail. You will not receive a Confirmation from the hotel. Please review all information for accuracy. **On-line reservations will receive immediate confirmation.**

DEPOSIT INFORMATION:

A deposit of one night's room and tax is required for each room reservation accepted in the form of check, money order or credit card. Checks/Money orders must be received by July 1, 2011, in order to comply with hotel policy.

DEPOSIT PAYMENT INFORMATION:

AMEX Visa MasterCard Discover Diners Club

Name of Card (print): _____ Signature: _____

Card Number:: _____ Expiration _____

CHECK: Check deposit enclosed made payable to GHCVB c/o Housing Bureau, 901 Bagby Street, Ste 100, Houston, Texas 77002.

CONTACT INFORMATION:

Select one by placing and X:

Delegate

NON-Delegate

First Name _____ Last Name _____

Address _____ City/State/Zip Code: _____

Telephone Number: _____ Fax _____ Email Address: _____

Arrival Date _____ Departure Date _____ Single Double

Name of Roommate to share with _____ NON-SMOKING SMOKING

HOTEL SELECTION (select by placing an X)

Rate Includes Tax

Cancellation Policy is 72 hours prior to arrival date.

Hilton Americas Hotel: \$151.78

Four Seasons Hotel: \$152.10 - Executive Suite: \$228.15