

GOSPEL MUSIC WORKSHOP OF AMERICA, INC.

**REV. JAMES CLEVELAND
FOUNDER**

**BISHOP ALBERT L. JAMISON, SR.
CHAIRMAN OF THE BOARD**



**50th ANNUAL CONVENTION
HOUSING FORM**
Atlanta, Georgia
July 22nd – July 29th 2017

HOTEL REQUEST: Fax or Mail (**NOT BOTH**) housing request forms. *Telephone reservations will not be accepted.* A deposit of one night's stay for each room must accompany all housing requests. Deposits will be accepted in the form of **CREDIT CARD ONLY.**

CHANGES/CANCELLATIONS: Make changes and cancellations directly in writing only with the *GMWA Housing Office.* Deadline date for changes and cancellations is **June 16, 2017.** Any cancellations after **June 16, 2017** will result in forfeiture of your deposit.

DEADLINE: Housing Form – Deadline **June 9, 2017.**

ROOM ACKNOWLEDGMENTS AND CONFIRMATIONS: Upon completion of your reservation requests, the hotel will email a reservation confirmation to the registrant only. The hotel will provide confirmation numbers. All applicable taxes and fees are added to hotel rate. A portion of room rate goes to defray convention costs.

ACCOMMODATIONS: In the event none of your choices are available, every effort will be made to assign comparable housing based on your first choice. **Bed types are not guaranteed and are assigned on “first come - first serve” basis on arrival, based upon availability.**

Mail or Fax (**NOT BOTH**)
GMWA HOUSING OFFICE
C/O Mt. Ollie Baptist Church
P. O. Box 330511
1698 St. Marks Avenue
Brooklyn, NY 11233
Tel: 718-485-4300
Fax: 718-385-0140
Email: gmwabklyn@aol.com

REGISTRANT: PERSON TO WHOM ACKNOWLEDGEMENT WILL BE MAILED
(GMWA-Atlanta, GA)

Mr. ___ Ms. ___ Mrs. ___ (Check One)

Name _____

MAILING ADDRESS OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER:

CELL: (_____) _____ EVE: (_____) _____ FAX: (_____) _____

E-MAIL: _____

ROOM INFORMATION:

ARRIVAL DATE: _____ DEPARTURE DATE: _____

CHECK ONE: King (1 BED, 1-2 PERSONS) DOUBLE/DOUBLE (2 BEDS, 2 PERSONS)
 TRIPLE (2 BEDS, 3 PERSONS) QUAD (2 BEDS, 4 PERSONS)

***Bed types are not guaranteed and are assigned on a first come first serve basis.**

Number of Adults _____ Number of Children _____

Occupant Names: _____

Special Request: _____

ADA Requirements: (please explain): _____

ENTER HOTEL CHOICE:

1. Hilton Atlanta _____

PAYMENT INFORMATION

By signing below, I authorize the hotel to charge my credit card for a deposit of one night to be applied to my room charge:

Credit Cards for deposit – Cards may be debited by the hotels at their discretion. Credit card must be valid through July 2017.

American Express Discover MasterCard Visa Other _____

Card Number _____ Expiration Date: _____

Name on Card (PRINT) _____

Signature: _____

<p align="center">DESIGNATED HOTELS *Please note: Tax is: 16% + \$5.00 Occupancy Tax Included in the room rates</p>	<p align="center">SINGLE/DOUBLE/TRIPLE/ QUAD 1, 2, 3 or 4 Persons</p>	<p align="center">SUITE RATE</p>
<p align="center">Hilton Atlanta</p>	<p align="center">Single/Double \$184.87 Triple Quad \$196.40</p>	<p align="center">Upon Request only</p>