



# GOSPEL MUSIC WORKSHOP OF AMERICA, INC. HOUSING FORM

**51ST ANNUAL CONVENTION**  
**JULY 14—21, 2018**  
PHONE (984) 664-2396  
FAX (984) 200-5229

**HYATT REGENCY HOTEL**  
265 PEACHTREE ST NE  
ATLANTA, GA 30303  
PHONE (888) 421-1442

## Hotel Reservation Guidelines

**Request reservations using only one of the following methods.**

1. Via hotel: (888) 421-1442
2. Via Email: [gmwahousing@gmail.com](mailto:gmwahousing@gmail.com)
3. Via Fax: (984) 200-5229
4. Via US mail to: GMWA Housing Registration  
3819 Poulnot Ct.  
Raleigh NC 27604

**Hotel Reservation Deadline:** June 21, 2018

**Accommodations:** Rooms are sold on a first come first serve basis. Hopefully, your first room choice will be available. However, if not, comparable housing will be assigned based on your first choice. Bed types are not guaranteed and are assigned on "first come, first serve" basis on arrival, based upon availability.

**Room Confirmation:** The hotel will email the reservation confirmation and provide a confirmation number to the registrant only.

**Changes/Cancelations:** Room changes can be submitted via email only to [Underwoods4U@gmail.com](mailto:Underwoods4U@gmail.com). You can make changes up to June 21. Any changes after June 21 will forfeit your deposit.

**Registrant:** Person to whom the confirmation will be mailed.

**Title of registrant:**  Mr.  Ms.  Mrs.

**Name:** \_\_\_\_\_  
(First Name) (Last Name)

**Address:** \_\_\_\_\_  
(Street Name)  
\_\_\_\_\_  
(City/State/Zip)

**Email:** \_\_\_\_\_

**Phone:** Cell ( ) \_\_ - \_\_ Day ( ) \_\_ - \_\_ Evening ( ) \_\_ - \_\_

**Room Information:** Arrival Date: \_\_/\_\_/\_\_\_\_ Departure Date: \_\_/\_\_/\_\_\_\_  
Type of Room:  Single Occupancy  Triple Occupancy  
 Double Occupancy  Quadruple Occupancy  
 Regency Club: Additional \$50.00 per day

**Room Occupancy:**  Number of Adults  Number of Children

**Occupants Names:** \_\_\_\_\_

**Payment Information:**  American Express  Discover  Master Card  Visa  Other \_\_\_\_\_

**Card Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name on Card:** \_\_\_\_\_  
(Print Name as it is on Card)

**Signature:** \_\_\_\_\_  
**(By signing above, I authorize the hotel to charge my credit card a deposit of one night to be applied to my room charge.)**

**HOTEL ROOM RATES PER DAY FOR DATES OF WEDNESDAY, JULY 11 THROUGH SATURDAY, JULY 21, 2018**

Hotel Room Accommodation Type	Hotel Rate	Sales Tax-16.9%	Total Room Rate
Single Occupancy	\$155.00	\$26.20	\$181.20
Double Occupancy	\$155.00	\$26.20	\$181.20
Triple Occupancy	\$165.00	\$27.89	\$192.89
Quadruple Occupancy	\$165.00	\$27.89	\$192.89

Room rates are quoted inclusive of applicable state and local taxes (which are currently 16.9%) but exclusive of applicable service, or hotel specific fees in effect at the Hotel at the time of the meeting.