GOSPEL MUSIC WORKSHOP OF AMERICA, INC.

REV. JAMES CLEVELAND FOUNDER

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



47th ANNUAL CONVENTION **HOUSING FORM**Atlanta, GA

July 26th – August 1st 2014

<u>HOTEL REQUEST</u>: Fax or Mail (NOT BOTH) housing request forms. *Telephone reservations will not be accepted*. A deposit of \$200.00 for each room must accompany all housing requests. Deposits will be accepted in the form of CREDIT CARD ONLY.

<u>CHANGES/CANCELLATIONS</u>: Make changes and cancellations directly in writing only with the *GMWA Housing Office*. Deadline date for changes and cancellations is **June 20, 2014**. Any cancellations after **June 20, 2014** will result in forfeiture of your deposits.

DEADLINE: Housing Form – Deadline June 20, 2014.

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.

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

$\frac{REGISTRANT}{E}: PERSON TO WHOM ACKNOWLEDGEMENT WILL BE MAILED (GMWA-Atlanta, GA) \ 2014$

Mr Ms Mrs (Cneck One)						
Name						
MAILING ADDRESS OR P.O. BOX:						
CITY:	_ STATE:	ZIP CODE:				
TELEPHONE NUMBER: DAY: ()EVE: ()	FAX: ()				
E-MAIL:						
OM INFORMATION: RIVAL DATE: DEPARTURE DATE:						
CHECK ONE: { } King (1 BED, 1-2 PE { } TRIPLE (2 BEDS, 3)	(RSONS) PERSONS)	{ } DOUBLE/DOUBLE (: { } QUAD (2 BE	2 BEDS, 2 PERSONS) DS, 4 PERSONS)			
*Bed types are not gua Number of AdultsNum			e first serve basis.			
Occupant Names:						
Special Request:						
ADA Requirements: (please explain):						
ENTER HOTEL CHOICE:						
1. Hilton Atlanta						
PAYMENT INFORMATION By signing below, I authorize the hotel to charg	ge my credit card a \$2	200.00 deposit to be applie	ed to my room charge:			
Credit Cards for deposit – Cards may be debite	ed by the hotels at th	eir discretion.				
{ } American Express { } Discover { } M	asterCard { } Visa	{ } Other				
Name on Card (PRINT)						
Signature:						
{ } Enclosed is a certified check or money or		_				
HOTEL NAME		om Rates	SUITE RATE			
Please note: State & Local Taxes 18% Included in the room rates	P	er Night				
Hyatt Regency Atlanta	Single/D	ouble - \$168.20	Upon Request			
Sold Out	U	Quad - \$179.80	opon request			
Hilton Atlanta	•	ouble - \$149.64	No Suites Available			
	0	Quad - \$172.84				