111th SESSION OF THE NATIONAL BAPTIST CONGRESS OF CHRISTIAN EDUCATION
DR. JAMES H. COKLEY, CONGRESS PRESIDENT

AUXILIARY OF THE NATIONAL BAPTIST CONVENTION USA, INC.
DR. JERRY YOUNG, NATIONAL PRESIDENT

GENERAL HOUSING FORM
JUNE 20 – JUNE 24, 2016
Tampa, FL

DEADLINE: ALL Delegates – April 8, 2016 Requests received after the deadline could possibly be assigned at a hotel not in the housing package.

HOTEL REQUEST: Fax, Mail, or Internet (Do not send form twice or deposit may be charged twice) housing request form. Telephone reservations will **NOT** be accepted. **A credit or debit card only** for guarantee in the amount of $200 for each room must accompany all housing requests. The hotel will debit your credit or debit card, **"not"** NBC Housing.

NBC Housing
C/O Mt. Ollie Baptist Church
P.O. Box 330512
1698 St. Marks Ave.
Brooklyn, NY 11233
E-mail: housingnbc@aol.com
Fax: 718-385-0140 Tel. 718-346-9290 Toll Free # (866) 531-3003
Hours of Operation: 10:00 am – 6:00 pm EST Monday – Friday

GROUP BLOCKS: Deadline: **March 31, 2016**. The maximum number of group rooms that can be requested is 30, regardless of church or group affiliation. Group procedure must be explained by a Housing Agent at 718-346-9290. All requests for 10 rooms or more must be submitted to the Housing Office, with a completed Hotel Reservation Form accompanied by credit or debit card for a deposit in the amount of $200.00 per room along with **four** hotel selections in order of preference.

CHANGES/CANCELLATIONS: Any cancellations received **after April 29, 2016 11:59 PM** will forfeit the $200 deposit regardless of the individual hotel cancellation policies. All forfeited deposits will go directly to the Housing Office unless the cancellation is made within 24 hours of arrival, in which case the hotel will retain the $200 deposit. Delegates have until **April 29**, **2016** to make changes/cancellations with the Housing Office. **After April 29**, **2016** delegates will need to contact the hotel directly. Please allow 30-60 days after the last day of the meeting for processing of refunds. Penalties for early departures are enforced and vary by hotel. Failure to arrive on your scheduled date will result in the loss of your deposit and cancellation of your full reservation.

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.

ROOM ACKNOWLEDGMENTS AND CONFIRMATIONS: Upon completion of your reservation requests, the confirmations will come directly from the hotel via **EMAIL (Please provide a "LEGIBLE" email address in order to receive a confirmation)** to the registrant only. Rate is inclusive of rebate/commission to the organization.

(PLEASE TYPE OR PRINT AND COMPLETE ALL INFORMATION)

REGISTRANT: PERSON TO WHOM ACKNOWLEDGMENT WILL BE EMAILED (Tampa, FL)

AUXILIARY NAME: _____   REGISTRANT NAME_____

MAILING ADDRESS OR P.O. BOX: _____

CITY: _____   STATE: _____   ZIP CODE: _____

TELEPHONE NUMBER: DAY: _____   EVE: _____

EMAIL: PLEASE PRINT _____
_____

ROOM INFORMATION

ARRIVAL DATE: _____   DEPARTURE DATE: _____

CHECK ONE:

[ ] KING (1 BED, 1 or 2 PERSONS)   [ ] DOUBLE/DOUBLE (2 BEDS, 2 PERSONS)
[ ] TRIPLE (2 BEDS, 3 PERSONS)   [ ] QUAD (2 BEDS, 4 PERSONS)
[ ] ADA Accessible   [ ] Non Smoking

Number of Adults_____   Number of Children_____

Occupant Names: **List all occupants names and arrival/departure dates if different**

   1. _____   **2.** _____

   3. _____   **4.** _____

Special Requests: _____

ADA requirements: (please explain):
_____

ENTER HOTEL CHOICE (S):

1._____   2._____

3._____   4._____

If my first choice is not available, my preference is a hotel with: _____A
____inexpensive rate   ___Closer to the Convention Center   ___ Adhere to bed type request

_____If I cannot be placed in one of the above choices, please return my deposit.

PAYMENT INFORMATION

By signing below, I authorize the hotel to charge the required deposit of $200 to the credit card indicated below: **(Hotel reservation will not be booked without valid credit card information. Credit cards must be valid through 06/16).**

[ ] American Express   [ ] Discover   [ ] MasterCard   [ ] Visa

Card Number_____   Exp. Date_____

Name on Card (Please Print): _____

Cardholders Signature_____

DESIGNATED HOTELS Tax is: 12% (Not included in the room rates)	DISTANCE TO TAMPA CONVENTION CENTER	SINGLE/DOUBLE/TRIPLE/ QUAD 1, 2, 3 or 4 Persons	SUITE RATE
Barrymore Hotel Tampa Riverwalk	1 Mile	$129.00 + 12% Tax	Available Upon Request
Courtyard by Marriott Tampa Downtown	1 Mile	$129.00 + 12% Tax	Available Upon Request
~~Embassy Suites~~ **~~(SOLD OUT)~~**	~~Connected by Skybridge~~	~~$140.00 + 12% Tax~~ ~~(single~~	~~N/A~~
Hilton Tampa Airport Westshore	5.4 Miles	$139.00 + 12% Tax	Available Upon Request
Holiday Inn Tampa Westshore	6 Miles	$129.00 + 12% Tax	Available Upon Request
Grand Hyatt Tampa Bay	9 Miles	$154.00 + 12% Tax	Available Upon Request
Sheraton Suites Tampa Airport Westshore	6 Miles	$149.00 + 12% Tax	Available Upon Request
Tampa Marriott Westshore	5 Miles	$139.00 + 12% Tax	Available Upon Request