

MID – WINTER BOARD MEETING
NATIONAL BAPTIST CONVENTION USA, INC.

DR. JERRY YOUNG, PRESIDENT



DESIGNATED/GENERAL HOUSING FORM

January 14, 2019 – January 17, 2019
Jackson, MS

DEADLINE: ALL Delegates – December 7, 2018. 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.

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: **November 16, 2018.** The maximum number of group rooms that can be requested is 10, regardless of church or group affiliation. Group procedure must be explained by a Housing Agent at 718-346-9290. All requests for 10 rooms 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 **two** hotel selections in order of preference.

CHANGES/CANCELLATIONS: Any cancellations received after **December 10, 2018 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 **December 10, 2018** to make changes/cancellations with the Housing Office. After **December 17, 2018** 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 Housing Office will send acknowledgments via **U.S. MAIL (Please provide a legible email address)** 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 (Jackson, MS)

AUXILIARY NAME: _____ REGISTRANT NAME _____

MAILING ADDRESS OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: DAY: _____ EVE: _____

EMAIL: _____

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 occupant's names and arrival/departure dates if different**

1. _____

2. _____

3. _____

4. _____

Special Requests: _____

ADA requirements: (please explain):

ENTER HOTEL CHOICE (S):

Hampton Inn _____ **Hilton Garden Inn** _____ **Marriott** _____ **Westin** _____ **Holiday Inn** _____

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 01/19).

American Express Discover MasterCard Visa

Card Number _____

Exp. Date _____

Name on Card (Please Print): _____

Cardholders Signature _____

DESIGNATED HOTELS Please note: tax is: 11% + .75 per day occupancy tax (Not included in the room rates)	DISTANCE TO Jackson Convention Center	SINGLE/DOUBLE/TRIPLE/QUAD 1, 2, 3 or 4 Persons	SUITE RATE
Hampton Inn & Suites	2.4 Miles	\$124.00 + 11% state tax & .75 per day occupancy tax Single/Double/Triple/Quad	N/A
Hilton Garden Inn (Women's Auxiliary, YPD)	2 Blocks	\$134.00 + 11% state tax & .75 per day occupancy tax Single/Double/Triple/Quad	Upon Request
Holiday Inn Express	2.4 Miles	\$129.00 + 11% state tax & .75 per day occupancy tax Single/Double/Triple/Quad	N/A
Marriott Moderators, Laymen, Music & Worship Arts Auxiliary, Ushers & Nurses	1 Block	\$109.00 + 11% state tax & .75 per day occupancy tax Single/Double/Triple/Quad	Upon Request
Westin (Executive Board, Parent Body)	1 Block	\$129.00 + 11% state tax & .75 per day occupancy tax Single/Double/Triple/Quad	Upon Request

