





INTERNATIONAL CONGRESS
CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH INC.

HOUSING RESERVATION FORM

RICHMOND, VIRGINIA • APRIL 15–18, 2009

Please note the following: Please use separate forms for each individual room reservation. A one hundred twenty-five dollar (\$125.00) **non-refundable deposit** (cashier's checks and money orders only) must accompany each Housing Reservation Form—DO NOT SEND CASH. Each housing form will be issued a receipt number and a Hotel Assignment based on the hotel requested and availability. Hotels and rooms are assigned on the basis of availability and date of receipt of the Housing Forms. All rooms are subject to a hotel occupancy tax - rate to be determined. Check-in time for all hotels is 3 pm EST. Parking rates vary at each hotel. *ALL DAY & EVENING SESSIONS WILL BE HELD AT THE MARRIOTT & CONVENTION CENTER.

TO GUARANTEE A ROOM, ALL FORMS MUST BE RECEIVED BY FEBRUARY 1, 2009.

2009 CONGRESS HOTELS	RATE	ADDRESS
 **Marriott Richmond** (Main Hotel, attached to the Greater Richmond Convention Center)	119.00	500 East Broad Street Richmond, VA 23219
 Omni Richmond Hotel (Co-Main Hotel, a 3 minute drive to the Marriott Hotel & Greater Richmond Convention Center)	123.00	100 South 12 th Street Richmond, VA 23219
 Doubletree Hotel Richmond Downtown (a one minute drive to the Marriott Hotel & Greater Richmond Convention Center)	120.00	301 West Franklin Street Richmond, VA 23220

(Please Print or Type)

Today's Date: _____

Full Name: _____

Mailing Address: _____ Apt/FI: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address1: _____ Email Address2: _____

Arrival Date: _____ Departure Date: _____

ROOM TYPE: Single (One Bed) Triple (3 People/2 Beds) Quad (4 People/2 beds)
 Double (Two People/One Bed) Double (Two People/Two Beds)

HOTEL SELECTION (See listing at the top of the page for choices and rates):

First Choice _____

Second Choice _____

Third Choice _____

NAME OF ALL OCCUPANTS IN THE ROOM:

1. _____ 3. _____

2. _____ 4. _____

SPECIAL REQUEST(S) (handicapped, roll-away beds, cribs, senior citizen etc.):

Make Cashier's Checks/Money Orders Payable to: **INTERNATIONAL CONGRESS**

SEND FORMS TO: Brenda Nicholson, 60 Howard Avenue, Tinton Falls, NJ 07724
 Phone: (732) 741-4626 or Fax: (732) 741-4624

**DO NOT
SEND CASH**

FOR OFFICE USE ONLY

Date Rec'd: _____ Payment Method: Cashiers Check M.O. Receipt # _____