

# WoodLINKS USA 2009 AWFS Fair Teacher In-Service Housing Form

Please read all the information on this form carefully and fill in all areas that pertain to your stay.

## TEACHER CONTACT INFORMATION:

Last Name:

First Name:

School:

Phone:

E-mail:

Address 1:

Address 2:

City:

State:

Zip:

## HOTEL INFORMATION:

Arrival Date (mm/dd/yyyy):

Departure Date (mm/dd/yyyy):

# of People

# of Beds

Smoking or Non-Smoking Room:

**All WoodLINKS teachers receive four complimentary hotel nights if sharing a room with another WoodLINKS teacher; two nights if sharing with a spouse or other non-WoodLINKS individual.**

Are you sharing with another WoodLINKS teacher?

If yes, teacher name:

Are you sharing a room with a spouse or other non-WoodLINKS individual?

If yes, name:

## CREDIT CARD INFORMATION:

**At check-in, everyone must provide a credit card to be kept on file for incidentals or damages incurred. If you are not able to show a credit card on site, you must contact your hotel and provide credit information prior to your stay.**

If you are extending your stay beyond the nights comp'd by AWFS<sup>®</sup>, you must enter your credit card information below:

Name on Credit Card:

Credit Card Type:

Card Number:

Expiration Date: (mm/yy)

Comments/Special Requests: