

Assigned To: .....  
(Name No. 1 from Special Needs Room Request form)

## ACCOMMODATION

	No. of single beds	No. of double beds
1st Room	.....	.....
2nd Room	.....	.....
3rd Room	.....	.....

(Fill in above for each room.)

Are rooms available Wed., Thurs., Fri., Sat., Sun., Mon.? .....  
(Say "Yes" or mark out the day(s) not available.)

Room located on ..... floor. Could you provide transportation? .....

Is this the home of one of Jehovah's Witnesses? Yes  No

Other information: .....

.....  
.....

Please print neatly in ink the name and address of the householder:

Name: .....

Address: ..... Apt. No.: .....

City: ..... State: ..... Zip: .....

Phone: Area Code ..... Number .....

Publisher obtaining room (if other than householder):

..... Phone: Area Code ..... Number .....  
(Name)

Congregation secretary to fill out information below:

If multiple conventions, room available for: #1  #2  #3  #4  #5  #6

Condition of rooms: Excellent  Good  Fair

Neighborhood: Black  Oriental  Spanish  White  Mixed

Congregation: .....  
(Name) (City) (State)

..... Phone: Area Code ..... Number .....  
(Congregation secretary)

Additional comments: .....

.....  
.....  
.....  
.....  
.....