

SPECIAL NEEDS ROOM REQUEST

(The Congregation Service Committee should review *Special Needs Room Request Instructions* [CO-5ai] before providing this form to publishers.)

PUBLISHER

Please fill out one *Special Needs Room Request* (CO-5a) for each room. On this form, include only the names of the people who will occupy the same room. If you have transportation or other needs that require you to be located near those in another group, clearly indicate this on the form. Type or neatly print the information on the form, and give it to the congregation secretary. If accommodations are provided, please accept the accommodations selected for you, since much hard work has gone into making these arrangements.

Please review the ibsaconvention.org website when determining how much you can pay for a hotel room each night. One night's deposit, payable to the hotel, will be required to hold the reservation. Rooms in private homes are intended only for those whose circumstances require such economical accommodations. Since it is usually difficult to accommodate large groups at one place, it is advantageous to arrange smaller groups of two to four people. This will conserve accommodations and make the placement of the group easier. If you receive accommodations in a private home, it is considerate to contact your host and confirm the date and approximate time of your arrival. Since you are a guest in his home, use good judgment in selecting an arrival time that will not inconvenience your host. Your conduct should reflect fine Christian qualities at all times.

Today's date: _____ Mobility accessible room needed <input type="checkbox"/>			Convention city: _____		
Name: _____ <small>(Same name as No. 1 below)</small>			First night room is needed (day and date): _____		
Address: _____			Last night room is needed (day and date): _____		
City: _____ <small>(Province or state) (Zone or code)</small>			You are requesting which type of accommodation? <input type="checkbox"/> Private home <input type="checkbox"/> Hotel		
Home phone: _____-_____-_____ Mobile phone: _____-_____-_____			Price you can pay for this room <i>each night</i> : _____		
E-mail address: _____			Will you have your own transportation? Yes No <input type="checkbox"/> <input type="checkbox"/>		
Congregation: _____ <small>(Name) (City) (Province or state)</small>					

Names of room occupants (maximum of four)	Age	Sex (M/F)	Relationship to each other	Race	Publisher, pioneer, etc.
1.					
2.					
3.					
4.					

Comments:

I hereby consent to the collection and processing of my personal data necessary for the evaluation of my request for rooming. I further consent to representatives of Jehovah's Witnesses processing and retaining for their use information found on this form.

Signed by: /s/ _____
(Type name to indicate signature)

CONGREGATION SERVICE COMMITTEE

Please describe why this is a special need:

Signed by: /s/ _____

(Coordinator of the body of elders
—Type name to indicate signature)

(Secretary—Type name to
indicate signature)

(Service overseer—Type name to
indicate signature)

ROOMING DEPARTMENT

Date request received: _____	Assigned to: _____ <small>(Name of hotel or householder)</small>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Date acknowledgment sent: _____	Room rate per night: _____	Confirmation number _____
Date assignment sent: _____	Notes: _____	