



**3<sup>rd</sup> Annual Spirituality and Health Care Summer Institute  
Housing Request Form**

***Completed Form and Full Payment Must Be Postmarked by May 16;  
If Paying By Credit Card, Fax Completed Form on or before May 16.***

Complete, print, and mail this form to GWish, Attn. Summer Institute, 2300 K Street, NW, Warwick Bldg #313, Washington, DC 20037 or fax completed form with credit card information to 202-994-6413.

First Name, Middle Initial, Family Name:	
Organization or University:	
Mailing Address:	
City, State, Zip/Postal Code:	
Country:	
Office Phone with Area Code:	
Cell Phone with Area Code:	
Email Address:	
Emergency Contact Person:	
Phone with Area Code for Emergency Contact Person:	
Please indicate special accommodation needs:	

By making this housing request, I agree to the following (please initial in each space):

- \_\_\_\_\_ I will be responsible for the \$45.00 fee should my access card be broken, altered, damaged, lost, or not returned within 24 hours of check out.
- \_\_\_\_\_ I will be responsible for the \$80.00 fee should my room key become lost or if key is not returned within 24 hours of check out.
- \_\_\_\_\_ I will be financially responsible for any lost or damaged items in the linen service.
- \_\_\_\_\_ I will be financially responsible for any damages to my room. (Individuals will be asked to complete a form when they arrive in their rooms noting any damages or required repairs.)
- \_\_\_\_\_ I agree not to hold the University responsible for any property that may be lost, damaged, or stolen, or for any loss thereof occasioned by fire, the elements, or other casualty.

**Payment Type:**

- Check # \_\_\_\_\_ (payable to GWish) in the amount of \$395.00
- ACH wire transfer; call (202) 994-6220 for further information
- Visa     MasterCard (only cards accepted) in the amount of \$395.00

**Card Number:** \_\_\_\_\_ **Exp. Date (MM/YYYY):** \_\_/\_\_\_\_

**Signature:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

<p><i>For Office Use Only:</i> Authorization No. _____ Reference No. _____</p> <p>Registration Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____</p> <p>Date Form Received: _____ Assigned Room Number: _____ Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes: _____</p> <p>_____</p>
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