



**NC Future Business Leaders of America
State Leadership Conference**
Four Seasons – Greensboro: March 21-24, 2012
HOTEL RESERVATION FORM

School _____ Adviser _____
 School Address _____
 City _____ Zip _____
 Telephone # _____ FAX # _____
 Home E-mail _____ School E-mail _____
 Arrival Time _____ Transportation Type _____

One night's deposit (payable to the Sheraton Raleigh or Raleigh Marriott City Center) or credit card is required to reserve rooms on or before **February 24, 2012**. Please duplicate this form as needed. Be sure your arrival and departure dates are accurate. Telephone reservations will NOT be accepted. MAKE A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS BEFORE MAILING OR FAXING.

Please indicate in the column provided, the type of person staying in all of the rooms:
ST = Student, SA = Adviser, CH = Chaperone, and G = Conference Guest

Room #1			Room #2		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Room #3			Room #4		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Room #5			Room #6		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		

_____ rooms @ _____
 = _____ per night
Includes Taxes and Fees

One night's deposit = _____
 _____ Nights Total Amount Due _____

Check enclosed

Credit Card Information

Name on Card _____
 Card # _____
 Type of Card _____
 Expiration Date _____
 Bill by credit card
 Signature _____

Check the appropriate hotel and return this form by February 24, 2012 to the appropriate hotel:

Sheraton Greensboro at Four Seasons
Reservations Office
3121 High Point Road
Greensboro, NC 27407
Fax 336.323.4876 (You may fax your reservation form if paying by credit card)