NC FBLA Conference
Four Seasons – Greensboro: April 11-15, 2015
HOTEL RESERVATION FORM

School_____Adviser_____

School Address_____

_____Zip_____

Telephone #_____FAX #_____

Home E-mail _____School E-mail_____

One night's deposit (payable to the Sheraton Greensboro at Four Seasons) or credit card is required to reserve rooms on or before March 12, 2015. 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.

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

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.		

#_____rooms @ $154.46/night = _____

Includes Taxes and Fees

One night's deposit = _____

☐ Check enclosed

Credit Card Information

Name on Card_____

Type of Card_____

Card # _____

Expiration Date _____

☐ Bill by credit card

Return this form by March 12, 2015 to: Sheraton Greensboro at Four Seasons
Reservations Office
3121 High Point Road
Greensboro, NC 27407-9975
Fax 336.323.4876 (You may fax your reservation form if paying by credit card)

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

Room #5			Room #6		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Room #7			**Room #8**		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		

Room #9			Room #10		
Arrival Date:	Departure Date:	Type	Arrival Date:	Departure Date:	Type
1.			1.		
2.			2.		
3.			3.		
4.			4.		