HOTEL RESERVATION FORM

NC FBLA 2020

**Please Print or Type**

Complete form and send to:

Sheraton Greensboro Hotel/Joseph S. Koury Convention Center

3121 West Gate City Blvd.

Greensboro, N.C. 27407

Phone: 336-292-9161

Fax: 336-323-4876

Email: egarland@sheratongreensboro.com

Hotel Deadline: February 25, 2020

Room Rate: $142.00 + 12.75% tax ($18.11) = $160.11 per night

The cancellation deadline is 72 hours prior to arrival or you will be charged for the room(s).

All final rooming lists must be submitted 72 hours prior to arrival. No changes will be accepted after this date. All changes/cancellations must be made in writing via email

A credit card or the first’s nights deposit for each room is required to hold the reservations.

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone & Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Rooms Requested: \_\_\_\_\_\_\_

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- |
| **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. |