

**DoubleTree Hotel at the Entrance to Universal Orlando
Florida Health Occupations Students of America
ROOM RESERVATION FORM – SLC 2010**

The **DoubleTree Hotel at the Entrance to Universal Orlando** is the official location of the Florida Health Occupations Students of America State Conference. The **\$152.00 room rate** applies to any room (single, double, triple or quad). To reserve rooms at the **DoubleTree** please complete the following steps:

- 1) Fill out this form completely.
- 2) Calculate the correct amount due, including any Florida State and Local Tax payable to the **DoubleTree Hotel and guarantee** the first night's stay only with a major credit card. **HOTEL: DO NOT CHARGE CREDIT CARD, unless the rooms are a no-show or cancellation occurs within 72 hours prior to arrival.**
- 3) Send these materials directly to the hotel at the address indicated:

DOUBLETREE HOTEL AT THE ENTRANCE TO UNIVERSAL ORLANDO

Contact: Dalton Morgan; 5780 Major Blvd, Orlando, FL 32819

Tel: (800) 327-2110 or (407) 351-1000. For information about the accommodations, amenities, etc. go to:

<http://www.doubletreeorlando.com/>

Fax This Form & Rooming List to Reservations: (407) 206-1759 - Attn: Terri Horton/Dalton Morgan

**THE DOUBLETREE HOTEL WILL NOT GUARANTEE RESERVATIONS
MADE AFTER MARCH 8, 2010.**

Please complete the information below and **print all occupants' names** on a copy of the **enclosed rooming list**.

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: (____) _____

ARRIVAL DATE AND TIME: _____ **DEPARTURE DATE AND TIME:** _____

TOTAL # OF ROOMS REQUESTING = _____

X \$152.00 = _____

X # OF NIGHTS = _____

SUBTOTAL = _____

Plus 12.5% (FL and Local TAX) = _____ (0 if tax exempt)

(If tax exempt, attach Tax-Exempt Certificate and pay with Tax Exempt Organization's check. Only Florida certificates will be accepted. If there are any questions concerning your tax exempt certificate, please call the State of Florida Revenue Department at (850) 487-4130).

TOTAL AMOUNT DUE = _____

- 1) All reservations on the rooming list must be guaranteed for the first night.
- 2) **USE CREDIT CARD # TO GUARANTEE ONLY/DO NOT CHARGE CREDIT CARD.**
- 3) Only pre-paid rooms for the entire stay will be pre-keyed and pre-registered. Keys and rooms will be ready for Group leaders at 4:00 PM at check-in desk located at the lobby.
- 4) **A Florida Tax Exemption Certificate form must be enclosed with the receipt of each School's room list. If your School qualifies as tax exempt, payment for the full amount of all rooms must be in form of check or credit card belonging to the SCHOOL or EDUCATIONAL INSTITUTION, with the tax-exempt number documentation attached to Rooming List.**
- 5) **Guestrooms will be blocked by the hotel according to each SCHOOL'S or EDUCATIONAL INSTITUTION'S rooming list.** Please specify if an accessible room is needed. Any additional special requests will be honored whenever possible.

DoubleTree Hotel at the Entrance to Universal Orlando

Florida Health Occupations Students of America

CONTACT'S (ADVISOR'S) FULL NAME: _____

PHONE# _____

FAX# _____

EMAIL: _____

RM 1	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 2	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 3	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 4	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 5	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 6	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 7	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 8	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 9	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

RM 10	ROOM TYPE (2 QUEENS)	SPECIFY SMOKING OR NON-SMOKING	FULL NAME OF EVERY GUEST IN ROOM	METHOD OF PAYMENT (CHECK #, NUMBER OF VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						
Rollaway						

CHECK IN TIME IS 4:00 PM -----
CHECK OUT TIME IS 11:00 AM

GROUP'S ANTICIPATED ARRIVAL TIME: _____

ALL TELEPHONE LINES AND MOVIES WILL BE RESTRICTED UPON CHECK-IN, UNLESS EACH ROOM HAS A COMPLETED ADVANCE CREDIT CARD AUTHORIZATION FORM PRIOR TO ARRIVAL OR CASH DEPOSIT OF \$50.00 UPON CHECK-IN.

The Hotel will do it's best to place rooms in close proximity together or on the same floors; however, this cannot be guaranteed.

USE THE CREDIT CARD INFORMATION TO **GUARANTEE ONLY** (the first night's deposit).

Note to Hotel: DO NOT CHARGE CREDIT CARD.

TYPE OF CREDIT CARD (Amer. Express, Carte Blanche/Diners Club, Visa, Master Card, and Discover & JCB): _____

CREDIT CARD #: _____

NAME ON CREDIT CARD: _____

EXPIRATION DATE OF CREDIT CARD: _____

****In case of a no-show or cancellation from this sub-group made within 72 hours prior to arrival a full night's room rate for each reserved room will be charged to the above credit card.**

SCHOOL CHECK DUE UPON ARRIVAL FOR THE FULL AMOUNT \$ _____

SEND TAX EXEMPT CERTIFICATE WITH ROOMING LIST