



**Annual NC FCCLA State Leadership Conference**  
 Four Seasons – Greensboro: April 12-14, 2010  
**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 5, 2010. 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 identity of the person staying in all of the rooms: S = Student, A = Adviser, and C = 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 @ \$146.58/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 5, 2010 to:** 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)