

Guest Reservations

NYS FCCLA Leadership Conference and FCS Professional Development
Villa Roma Resort & Conference Center
March 29-31, 2012

This form is for meal and room reservations for **parents, administrators, and other guests**. If guests are not registered with your chapter and/or for the entire meeting, they will need a room and/or meal reservations. Please use this form and return a copy with payment **by March 1, 2012** to:

Karen Thomas, PO Box 288, Brownville, NY 13615

Guest(s) of _____ Phone _____
 _____ Title _____
 _____ Title _____
 _____ Title _____
 _____ Title _____

attach list if additional space is needed for names (Please identify parents, sibling, administrator, other for title)

PACKAGE Per Person: Includes room, Thurs. Dinner –Sat. Lunch, welcome party, and gratuities

	Room Type	#	Per person	Total
2 Nights	Single	x	\$380	=
	Double	x	\$280	=
	Triple	x	\$235	=
	Quad	x	\$215	=

Sub-total packages _____

One Night: Room Only (Per Person)				
1 Night	Single	x	\$175	=
	Double	x	\$88	=
	Triple	x	\$59	=
	Quad	x	\$44	=

Sub-total 1 Night Room _____

INDIVIDUAL MEALS for guests (Gratuities included)

Breakfast	_____	x	\$13	=	_____
Lunch	_____	x	\$20	=	_____
Dinner	_____	x	\$34	=	_____

Sub-total extra meals _____

Total Room / Meals \$ _____

TOTAL DUE (Registration plus Room/Meals) \$ _____

Payment enclosed (Registration plus one night's deposit) by March 1, 2012 _____

PAYMENT: Make check payable to **NYSFCCLA**

Check # _____

TOTAL PAID \$ _____