

**2012 FCCLA Leadership Conference Registration
Villa Roma Resort & Conference Center, Callicoon, NY
March 28-31, 2012**

District # _____
Registered _____

Advisor Name _____ Home Phone _____
School _____ School Phone _____
E-mail _____ Fax _____

REGISTRATION: **Amount Due** *Note: 2011-12 State Officers do not pay for Registration and Room expenses*

Regular/Single Day _____ x \$ 45 = _____
Late _____ x \$ 55 = _____

Total Registration \$ _____

T-SHIRTS ___ S ___ M ___ L ___ XL ___ (Other) = _____

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

	Room Type	#	Per person	
2 Nights	Single	x	380	=
6 Meals	Double	x	280	=
Pkg	Triple	x	235	=
	Quad	x	215	
			Total	
	Single	x	567	
3 Nights	Double	x	417	
9 Meals	Triple	x	347	
Pkg	Quad	x	317	
			Total	

Note: Advisors & Students staying Wednesday night must use the 3 Night Package

Sub-total packages _____

One Night: Room Only per person				
1 Night	Single	x	175	=
(Room	Double	x	88	=
Only)	Triple	x	59	=
	Quad	x	44	

Sub-total 1 Night Room _____

INDIVIDUAL MEALS for day & banquet 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 **Balance Due** _____

PAYMENT: Make checks payable to **NYSFCCLA**, mail to **Karen Thomas, PO Box 288, Brownville, NY13615**

For State FCCLA Use Only

Ck/MO/PO # _____	\$ _____
Ck/MO/PO # _____	\$ _____

ROOMING LIST

E-mail registration and rooming information to: kthomas189@twcny.rr.com (Keep a copy, bring a copy of changes)

NAMES: **Attach rooming list or single day attendee list**

MUST include arrival and departure information


Due 3/01/12

Name _____

District _____

School _____

Room S/D/T/Q	Room Occupants	M/F		Arrive	Depart	
Room # 1	Advisor:					
Room # 2						
Room # 3						
Room # 4						
Room # 5						
Room # 6	<input type="checkbox"/> Officer Room <input type="checkbox"/> Officer-elect Room (if applicable)					

 Identify accessible rooms needed

Copy form if additional rooms are needed

For State FCCLA Use Only				Total
Single x _____	Double x _____	triple/quad x _____		