

**PA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA
STATE LEADERSHIP CONFERENCE
GROUP ROOMING LIST AND HOTEL REGISTRATION
March 17-19, 2010**

Make check payable to: "Seven Springs Mountain Resort" Tel: 866-437-1300 Fax: 814.352.2010
Reservation and payment must be received by February 11.

Mail duplicate copy of housing form to:

Sue Fisher, PA FCCLA Facilitator
333 Market St., 11th Floor
Harrisburg, PA 17126-0333

ATTN: Reservations
Seven Springs Mountain Resort
777 Waterwheel Drive
Seven Springs, PA 15622

In addition to sending this hotel reservation form, chapters need to register for the conference and STAR Events participation with the state FCCLA office at www.pafccla.org.

Cancellations must be made at least 72 hours prior to arrival to be refundable. Hotel refunds will be processed after the conference.

Hotel package includes two nights lodging starting March 17, 2010, and five meals: Wednesday dinner; Thursday Breakfast, Lunch, & Dinner; Friday breakfast. Cost of package includes room tax and gratuities.

Housing and Meal Conference Package Cost Per Person

Quad: \$195 Double: \$239
Triple: \$208 Single: \$291

Tuesday arrivals should enter the room rate information in the next to last column on this form

Mark any students from other schools with an * (asterisk) Name of other school _____

Total rooms needed:

___ Single (1 Person-1 Bed) ___ Double (2 Persons-1 or 2 Beds) ___ Triple (3 Persons-2 Beds) ___ Quad (4 Persons-2 Beds)

School Name: _____ Adviser's Name: _____

Address: _____

(This form may be copied if more space is needed). All rooms will be reserved under the adviser's name.

| Type Single Double Triple Quad Accessibl e | Room No. Given by hotel at check- in | Name | A D U L T | S T U D E N T | S e x M / F | Indicate Arrival Date/ Time | Indicate Departure Date/ Time | Package Cost | Extra Tuesday night room cost \$92.65 (inclusive of tax) per room | Total Cost |
|--|--|----------------------|-----------------------|---------------------------------|----------------------------|--------------------------------------|--|-----------------|--|------------|
| | | 1. 2. 3. 4. | | | | | | | | |
| | | 1. 2. 3. 4. | | | | | | | | |
| | | 1. 2. 3. 4. | | | | | | | | |

Total amount of payment: _____

Checkmark method of payment: _____ Check _____ Money order _____ Credit
Visa, MasterCard, American Express, and Discover credit cards accepted

Name on credit card: _____ Credit Card Number: _____

Credit card security code: _____ Credit card expiration date: _____