

**NEW HAMPSHIRE FBLA
HOTEL REGISTRATION FORM
STATE LEADERSHIP CONFERENCE**

March 22 – 23, 2012

DEADLINE: February 1, 2012

Chapter _____ Telephone _____

Address _____

City, State, Zip _____

Email: _____

Adviser(s) _____

(Please type or print plainly)

1. The hotel must receive **full** pre-payment for guest rooms and rooming list no later than February 1, 2012 for a guaranteed reservation.
2. If a chapter does not have multiples of 4 members of the same sex, it will be the chapter's responsibility to fill the maximum of 4 by contacting other chapters or absorbing the additional cost (per person) for occupancy.
3. If you have a member who would like to room with another member from another chapter, simply note this on your reservation form. Please make arrangements as to who will register students prior to filling out the form. Only **ONE** reservation form should have this information noted, otherwise the hotel will reserve two rooms.
4. Individual guest rooms may be cancelled up to 48 hours prior to the scheduled arrival date.
5. Make checks payable to **RADISSON HOTEL MANCHESTER**

Prices are per room and include state tax and \$3/student hotel security.

ONE NIGHT ROOM RESERVATIONS (Per Room)

	<u>Rate</u>	
_____ Singles	x	\$119.63 = _____
_____ Doubles	x	\$133.53 = _____
_____ Triples	x	\$147.43 = _____
_____ Quads	x	\$161.33 = _____

TOTAL ENCLOSED \$ _____

NOTICE TO HOTEL: Pre-register rooms. Prices include the contracted \$3/student security charge. Place students near their adviser(s) and on the same floor. All folios are to be marked "Cash in Advance." Hotel registration has been pre-paid by check. Keys are to be pre-packaged by school prior to check-in. Only the adviser may pick up the keys for the chapter.

Mail to: Reservations Manager – FBLA
 Radisson Hotel Manchester
 603.625.1000
 700 Elm Street
 Manchester NH 03101

REMINDER: Mail this form and check to the hotel by February 1, 2012

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Page _____ of _____

Chapter: _____ Adviser: _____

1. Do not fill in the room #; this is for the hotel's use.
2. Indicate the type of room desired. S = Single D = Double T = Triple Q = Quad
3. If the chapter does not have multiples of (4) delegates of the same sex, it will be the chapter's responsibility to fill the maximum (4) by contacting other chapters or absorbing the additional cost (per person) for occupancy below 4.
4. Indicate if the occupants are male (M) or female (F).

(Please Type)

Room # _____ Circle Type of Room Circle Gender S D T Q M F _____ _____ _____	Room # _____ Circle Type of Room Circle Gender S D T Q M F _____ _____ _____	Room # _____ Circle Type of Room Circle Gender S D T Q M F _____ _____ _____
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Make additional copies as needed

Send this form to hotel with check by February 1, 2012