

Doubletree Hotel
 AT THE ENTRANCE TO UNIVERSAL ORLANDO
 ROOM RESERVATION FORM
FLORIDA ASSOCIATION OF MU ALPHA THETA
April 13-17, 2011

The **Doubletree Hotel** is the official location of the **FAMAT 2011 Conference April 13-17, 2011**. The **\$139.00 room rate** applies to any room (single, double, triple or quad). To reserve rooms at the **Doubletree Hotel** please complete the following steps:

- 1.) Fill out this form completely.
- 2.) Calculate the correct amount due.
- 3.) Enclose any necessary Florida State Tax exempt documentation with rooming list.
- 4.) First night's guarantee via cash, check or credit card.
- 5.) If using credit card, please complete attached credit card authorization form and know that credit card will be used to hold/guarantee guest rooms only (i.e., the credit card will not be run in advance). Full payment will be due upon arrival. Each sub-group/school to bring a check for the full amount payable to the Doubletree Hotel and present this to the Hotel's Front Desk prior to check-in.
- ❖ **If payment is not received as outlined above, Hotel will no longer be required to continue to hold the room block requested by Group.**
- 6.) Send these materials directly to the hotel at the address indicated:

The Doubletree Hotel AT THE ENTRANCE TO UNIVERSAL ORLANDO
 5780 Major Boulevard, Orlando, FL 32819
 Group Reservation Coordinator: Terri Horton – terri.horton@ihrco.com
 Convention Service Manager: Dalton Morgan – Dalton.morgan@ihrco.com

THE DOUBLETREE HOTEL WILL NOT GUARANTEE ANY RESERVATIONS MADE AFTER THE CUTOFF DATE OF: March 14, 2011
RESERVATIONS MUST BE PRE-PAID IN FULL PRIOR TO ARRIVAL. IF PAYING WITH CHECK, FULL PAYMENT MUST BE SENT IN WITH COMPLETED ROOMING LIST. IF PAYING WITH A CREDIT CARD PLEASE INDICATED THE AMOUNT TO BE CHARGED.

Please complete the information below and **print all occupants' names** on a copy of the **enclosed rooming list**.

NAME OF SCHOOL CONTACT: _____
CONTACT EMAIL ADDRESS: _____
SUB-GROUP/SCHOOL NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
ZIP: _____
TELEPHONE # :(_____) _____

ARRIVAL DATE/TIME: _____ **DEPARTURE DATE/TIME:** _____

TOTAL # OF ROOMS REQUESTING = _____
X (\$139.00) Rate = _____ **Rollaway Cost (\$20 per day + 12.5% tax)**
X # OF NIGHTS = _____
X 12.5% prevailing taxes = _____

~ Include Parking Charges if Cars/School Buses/Vans or Motor Coach are parking overnight ~

(Attach Tax-Exempt certificate and pay with Tax Exempt Organization's check. Only Florida certificates will be accepted - If exempt please enclose copy of Florida Certificate to avoid prevailing sales taxes (currently 12.5% tax). If there are any questions concerning your tax exempt certificate please call State of Florida Revenue Department at 850-487-4130).

TOTAL AMOUNT DUE: = _____

HOTEL ROOMING LIST FOR:
Florida Association of Mu Alpha Theta
April 13-17, 2011

FULL NAME OF SUB-GROUP/SCHOOL CONTACT: _____

SUB-GROUP/SCHOOL NAME: _____

E-MAIL: _____

PHONE# _____ **FAX#** _____

RM 1	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 2	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 3	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 4	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 5	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 6	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 7	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 8	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 9	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

RM 10	LAST NAME	FIRST NAME	ROOM TYPE (2 QUEENS)	METHOD OF PAYMENT (CHECK, VISA, AMEX, etc., EXP DATE)	ARRIVAL DATE	DEPARTURE DATE
1						
2						
3						
4						

REMINDER:

1. All reservations on the rooming list must be paid in full prior to Group's check-in.
2. If tax exempt, a Florida Tax Exempt Certificate form must be enclosed with the receipt of each School/SubGroup's rooming list. If your School/SubGroup qualifies as tax exempt, payment for the full amount of all rooms must be in form of check or credit card belonging to the SCHOOL/SUBGROUP or EDUCATIONAL INSTITUTE, with the tax-exempt number documentation attached to Rooming List.

INCIDENTALS WILL BE PAID BY EACH INDIVIDUAL GUEST.

Send Each Rooming list to: GROUP RESERVATION COORDINATOR AT FAX # 407-206-1759.

CHECK IN TIME IS 4:00 PM

CHECK OUT TIME IS 11:00 AM

ALL TELEPHONE LINES AND MOVIES WILL BE RESTRICTED UPON CHECK-IN, UNLESS EACH ROOM HAS AN ADVANCED CREDIT CARD AUTHORIZATION FORM PRIOR TO ARRIVAL OR CASH DEPOSIT OF \$50.00 UPON CHECK-IN.

IN ORDER FOR US TO SERVE YOU BETTER PLEASE TELL US YOUR EXPECTED:

ARRIVAL TIME _____ CHECK OUT TIME _____

- ❖ **No refunds for early departures unless Hotel is notified in writing and early departure are confirmed by Hotel 72 hours prior to each sub-group's arrival.**

The Hotel will do it's best to place all rooms on this list in close proximity together or on the same floors, however, this cannot be guaranteed.

PARKING INFORMATION:

Prevailing parking fees at time of conference will apply. Current fees are:

Unlimited in/out privileges with daily parking fee:

CARS – Self Parking: \$9.00 per vehicle/per day
 CARS – Valet: \$14.00 per vehicle/per day

MINI VANS (9-passenger vans) Self-Parking: \$9.00 per parking space daily
 GROUP BUSES/MOTOR COACHES: \$25.00 per bus daily

CASH PAYMENT IS REQUIRED DIRECTLY TO THE VALET SERVICE UPON RETRIEVING VEHICLES.

CREDIT CARD AUTHORIZATION FORM



DOUBLETREE[®]
HOTEL

AT THE ENTRANCE TO UNIVERSAL ORLANDO

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 days prior to Check-In or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

DO NOT EMAIL THIS FORM - FAX FORM with attachments TO: 407-206-1759

ATTN: Group Coordinator-Reservations

A check or credit card is required (must accompany rooming list) to guarantee payment in order for Hotel to enter sub-block/guest room names).

HOTEL USE ONLY

Date:

Guest / Group Name:		
Check-In / Event Date:	Confirmation / SRP Code:	
Name of Person Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please completes the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Credit Card Billing Address:		
City:	State:	Zip:
Daytime Phone:	Evening Phone:	
Credit Card Number:	Expiration Date:	
Credit Card Type: (Circle one)		
Visa	MasterCard	Amex
Diners Club	Discover	JCB
Credit Card Issuing Bank Name:		
Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle):		
Room & Tax	Parking	
I agree to cover the above categories of charges up to a Maximum Amount of \$_____		

Note: Charges for room/tax or parking will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Hotel Use Only – Full payment to be immediately charged for room/tax or parking: \$_____

By signing below, you authorize the hotel to charge your credit card up to the “Maximum Amount” indicated above. You further acknowledge that all guest/group related charges (less Deposit) will be charged to the above credit card at the time of check-out or event conclusion.

Cardholder Signature required:

Date
