

# Hotel Registration Checklist

*Your registration will not be processed until all of the items are received.  
Faxing these forms will not hold your rooms.*

Completed Cover Page

- Direct phone number and extension
- Fax number

Checklist Page

- Tax Exempt Certificate completed

Confirmation Page

Rooming List

- Maximum occupancy per room is four (4) students
- Three (3) students per room may receive a king and a roll-a-way
- The hotel may use their discretion with assigning room types based on the number of students in a room.

Whole Payment

- If you are sharing a room with another school, one school must take responsibility for paying the whole amount and listing all students' names. The hotel will not be responsible for finding roommates

## Certificate to Be Executed When Tax Exempt Sale is Made to an Exempt Institution or Agency

The undersigned hereby certified that the item or items being purchased are to be used or consumed in connection with the operation of the exempt institution or agency named in the space provided below, and that the consideration for this purchase moves from the funds of the designated institution or agency. In the event this claim is disallowed, the transferee promises to reimburse the seller for the amount of tax involved.

Name of Exempt Organization

Name of Official

Tax Exempt Number

Organization Address

Phone Number

Date of Function

Signature of Official

Date

# Hotel Registration Form

## Michigan FCCLA State Leadership Meeting

**Deadline: March 7. This form must be returned with guest room prepayment by the deadline date. This form must be Typed.**

Chapter \_\_\_\_\_ Phone \_\_\_\_\_

Adviser(s) \_\_\_\_\_

Mail to: Reservations Manager - FCCLA  
Valley Plaza Resort  
5221 Bay City Road  
Midland, MI 48642

Make checks payable to:  
**“Valley Plaza Resort”**

Estimated Time of Arrival: April \_\_\_\_, 2008 \_\_\_\_ p.m.  
Departure: April 11, 2008 12:00 p.m.

Room Type	# of Nights	# of Rooms	Rate per Night
<b>Best Western</b>			
Single/Double Room	_____ x	_____ x	\$ 66.30* = \$ _____
Triple/Quad Room	_____ x	_____ x	\$ 66.30* = \$ _____
<b>Plaza Suites Deluxe Room -</b>			
<i>Note: Very limited quantities. Available on a first-come/first served basis. Triple/Quads may have a king bed with a pull out couch.</i>			
Single/Double Room	_____ x	_____ x	\$ 80.58* = \$ _____
Triple/Quad Room	_____ x	_____ x	\$ 80.58* = \$ _____
<b>Total Enclosed</b>			<b>\$ _____</b>

**\*Payment may be made with a school check, cash or credit card. IF payment is accompanied by the enclosed, completed tax form, you will be exempt from the 6% Michigan sales tax (in addition to the prices listed above).**

Comments to the Reservations/Front Desk Staff: i.e. if any delegate attending the meeting is in need of barrier-free accommodations or dietary considerations:

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# Michigan FCCLA State Leadership Meeting Hotel Registration Confirmation

Adviser \_\_\_\_\_ Phone Number \_\_\_\_\_  
Chapter \_\_\_\_\_ Best time to be reached \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
City & Zip \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The Hotel Reservations Office will mail a confirmation, within five business days, indicating when your registration was received with full pre-payment. **Full payment is required before reservations are confirmed.**

Date Registration and full pre-payment was received: \_\_\_\_\_

Order in which registration was received: \_\_\_\_\_

Received by: \_\_\_\_\_

## Registration Procedures

1. **Housing forms must be typed! They are also available as an e-form at [www.mifccla.org](http://www.mifccla.org).**
2. **Payment may be made with a school check, cash or credit card. IF payment is accompanied by the enclosed, completed tax form, you will be exempt from the 6% Michigan sales tax.**
3. Room rates listed are per room, per night. The rate includes the local convention tax of 2%.
4. Refer to the State Meeting information in this registration packet for complete housing information.
5. Indicate the type of room desired. (single, double, triple, or quad)
6. If you have arranged with another school to fill a quad room, please include the name of the school, in the remaining space, for that room. One school should be designated as responsible for the pre-payment of the shared room. The other school(s) should then pay the designated school.
7. Indicate each adviser/chaperone room by writing "Adviser or Chaperone" in a remaining space.
8. Payment must accompany this form. Reservations will not be processed until full payment is received.
9. Special requests are based upon the availability at the time the housing form and full payment is received at the hotel.
10. If you wish to pay for your rooms using a credit card, your credit card will immediately be charged for the total balance due.

# Hotel Registration Form

## Michigan FCCLA State Leadership Meeting

Deadline: March 7, 2008

Page \_\_\_\_ of \_\_\_\_

Chapter \_\_\_\_\_ Adviser \_\_\_\_\_

**This Form Must Be Typed.**

Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____
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Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____
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Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____	Type of Room _____ ____ Student or ____ Adviser _____ _____ _____
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*Make additional copies as needed.*

**Notice to Hotel:** Pre-register rooms and place students on the same floor and close to their adviser. All folios are to be marked "Cash in Advance." Rooms are to be prepaid. Keys are to be prepackaged, by school, prior to check in. Only the adviser may pickup the keys for the chapter.