



NATIONAL FALL LEADERSHIP CONFERENCE HOTEL RESERVATION FORM

PHILADELPHIA

Philadelphia Marriott Downtown
1201 Market Street
Philadelphia, PA 19107
P 215.625.2900
F 215.625.6101

Sales/Occupancy Tax Rate 15.2%
(subject to change)

\$150 Single/Double
\$160 Triple/Quad

Reservation Deadline
October 8, 2011

MILWAUKEE

Hilton Milwaukee City Center
509 W. Wisconsin Avenue
Milwaukee, WI 53203
P 414.271.7250
F 414.390.1897

Sales/Occupancy Tax Rate 15.1%
(subject to change)

\$120 Single/Double
\$130 Triple/Quad

Reservation Deadline
October 15, 2011

LITTLE ROCK

Multiple Hotels

Do not use this form. See page 6
for hotel reservation instructions.

Reservation Deadline
October 22, 2011

Deposit Refund Policy: 24-hour notice for the Philadelphia Marriott Downtown; 48-hour notice for the Hilton Milwaukee City Center; Little Rock—see page 6 for deposit refund policy.

PERSON RESPONSIBLE FOR GROUP'S BILLING

Name _____ School Phone _____
Home Phone _____ School Fax Number _____
Address _____
City _____ State _____ Zip _____
E-mail _____

ROOMING INFORMATION

Select Hotel: *(Little Rock hotels do not use this form. See page 6 for details.)*

Philadelphia Marriott Downtown Hilton Milwaukee City Center

Division/Affiliation: FBLA PBL FBLA-Middle Level Professional Division Presenter/Speaker Exhibitor

Person responsible onsite _____

Type or print clearly all occupants for each room. Please duplicate this form if additional space is needed.

Room 1

Single/Double Triple/Quad

1. _____
2. _____
3. _____
4. _____

Earliest Arrival Date _____

Latest Departure Date _____

Special Needs Request _____

If yes, what is needed _____

Room 2

Single/Double Triple/Quad

1. _____
2. _____
3. _____
4. _____

Earliest Arrival Date _____

Latest Departure Date _____

Special Needs Request _____

If yes, what is needed _____

Check-in time is 3:00 p.m. for all conference hotels.

PAYMENTS AND DEPOSITS

Deposit of one night's lodging plus tax per room must accompany this form. Reservation will not be made without a deposit.

Check enclosed in the amount of \$ _____

Please charge my credit card: MasterCard Visa American Express Diners Club

Name on Card _____

Expiration Date _____

Make check payable to:

Philadelphia	Philadelphia Marriott Downtown
Milwaukee	Hilton Milwaukee City Center
Little Rock	<i>Do not use this form. See page 6 for details.</i>

Card Number _____

Signature _____