

Doubletree Hotel
 AT THE ENTRANCE TO UNIVERSAL ORLANDO
ROOM RESERVATION FORM (5 rooms or more)
FLORIDA ASSOCIATION OF MU ALPHA THETA
April 18-22, 2012

The **Doubletree Hotel** is the official location of the **FLORIDA ASSOCIATION OF MU ALPHA THETA, April 18-22, 2012** convention. 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.) Check for the **full amount** made payable to the **Doubletree Hotel** or guarantee with major credit card.
- 5.) Send these materials directly to the hotel at the address indicated:

The Doubletree Hotel AT THE ENTRANCE TO UNIVERSAL ORLANDO
 Terri Horton– Group Coordinator, 5780 Major Boulevard, Orlando, FL 32819
 Sales (800) 843-8693 Reservations (800) 327-2110

**THE DOUBLETREE HOTEL WILL NOT GUARANTEE ANY RESERVATIONS MADE AFTER
 (March 14, 2012) RESERVATIONS MUST BE PRE-PAID IN FULL BY (March 14, 2012)**

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

NAME OF EACH GUEST _____

GUEST ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____

TELEPHONE #:() _____

ARRIVAL DATE AND TIME: _____

DEPARTURE DATE AND TIME: _____

TOTAL # OF ROOMS REQUESTING = _____

X (\$139.00) = _____

X # OF NIGHTS = _____

X prevailing taxes = _____

(currently 12.5%)

(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 = _____

1) All reservations on the rooming list must be **guaranteed on the Master Account.**

2) A Florida Tax Exemption Certificate form must be enclosed to qualify for tax-exempt status.

Doubletree Hotel

AT THE ENTRANCE TO UNIVERSAL ORLANDO

HOTEL ROOMING LIST FOR: **FLORIDA ASSOCIATION OF MU ALPHA THETA**

April 18-22, 2012 Convention

CONTACT'S FULL NAME: _____

PHONE# _____ FAX# _____

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

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

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

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

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

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

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

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

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

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

DIRECT BILLING FOR ROOM AND TAX WILL BE PENDING CREDIT APPROVAL and as authorized/outlined by the Florida Association of Mu Alpha Theta. INCIDENTALS WILL BE PAID BY INDIVIDUALS.

Send Each Rooming list to:

TERRI HORTON, GROUP 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 ARRIVAL TIME _____
CHECK OUT TIME _____ CHECK IN AFTER 4 PM CHECK OUT 11AM.**

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

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

A minimum of two (2) consecutive nights' stay is required

PARKING INFORMATION:

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

Unlimited in/out privileges with daily parking pass.

CARS – Self Parking: \$9.00 per vehicle daily

CARS – Valet \$14.00 per vehicle daily

MINI VANS (9-passenger vans): \$9.00 per parking space daily

BUSES: \$25.00 per bus daily

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

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CREDIT CARD CHARGE AUTHORIZATION FORM

I, _____ authorize the Doubletree
(Cardholder)

Hotel to charge my _____ Credit Card # _____
(Card Type)

Expiration Date _____ for _____
(Guest Name)

Arriving on _____ for _____

Nights. I authorize the Doubletree Hotel to charge to above card for:

_____ The first night room and tax only

_____ Room and tax only for the entire length of stay.

_____ Room, tax and incidentals.

(Signature of Cardholder)

(Print/type your name clearly)

In order for your credit card to be charged as stated above, a readable copy of the front and back of the above credit card must accompany this authorization form.

Your credit card will be charged in advance.

Please return to: 407-206-1759 fax number to the attention of the Group Coordinator – Reservations Department (with all reservation attachments 1-5).

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.