

Attn:

SHERATON GREENSBORO
336 292 9161 ext. 4406 (DIRECT) | 336 323-4876 (FAX)
dmillang@sheratongreensboro.com

REQUEST FOR MULTIPLE ROOMS

Must have complete information on all **

****Contact Name** _____ ****Area Code and Telephone Number** _____

****Your Company Name (School Name)** _____ **Email Address** _____

****Address** _____ ****City** _____ ****ST** _____ ****Zip** _____

NC FCCLA State Leadership Conference

****What convention are you attending?** _____ ****# of Rooms** _____ ****# of Persons** _____

****Credit Card # to Guarantee** _____ **Exp. Date** _____

****Name on Credit Card** _____

All reservations require a credit card guarantee or the 1st-night deposit at booking.
The credit card expiration date must be no later than the month you are staying.

PLEASE COPY THIS FORM TO PROVIDE ROOMING INFORMATION FOR ALL ROOMS REQUESTED

Rate & deposits will be divided amongst room-mates unless you indicate which room mate is responsible by *	Arrival date	Departure date	Guest(s) names for this room	Room Type

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RESERVATIONS WILL BE BOOKED AND VERIFICATION SENT UPON RECEIPT PLEASE CHECK YOUR PREFERRED CONFIRMATION FORMAT

- CheckBox1** Email Address _____
- CheckBox2** Fax _____
- CheckBox3** Mail to address above.

For office use only
Res co-ordinator: