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│  KANSAS FCCLA STATE LEADERSHIP CONFERENCE     │
│       MARRIOTT HOTEL HOUSING FORM             │
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RESERVATIONS MUST BE MADE VIA HOUSING FORM–PHONE RESERVATIONS WILL NOT BE ACCEPTED
EMAIL HOUSING FORM TO: brandi.leydic@wichitamarriott.com
MAIL CHECK/P.O. DIRECTLY TO HOTEL
CUT-OFF DATE IS MARCH 30, 2018 or UNTIL SLEEPING ROOM BLOCK IS FULL

Check-in time is after 4:00 PM and **check-out at 12:00 PM**. Any schools that check-out later that 12:00pm will be charged a full day room & tax.

Please circle below which specific nights you need rooms.

4/15/2018	4/16/2018	4/15/2018 & 4/16/2018
Sunday night only	**Monday night only**	**Both Sunday and Monday**

Name of Hotel: Wichita Marriott Hotel

Address of Hotel: 9100 Corporate Hills Drive, Wichita, KS 67207

Phone Number of Hotel: 316- 651-0333

Room rate: $103.00 per room + 8.75% Occupancy Tax = $112.01/room/night

          (State Tax Automatically Excluded. Hotel will request state tax forms if needed)

Room type: 2 double beds – 4 people   1 king bed – 2 people

          1 king bed with rollaway – 3 people

School:	**Advisor:**
Address:	Phone No.:
City/State/Zip:	Tax Exempt No.:
Arrival Date/Time:	Departure Date:
Email:	P.O.#:

You will receive a response via email from the hotel confirming your reservations or if the requested rooms are unavailable.

Circle Method of Payment: **Cash**   **School Check**

                    School PO   **Direct Bill**   **Credit Card**

- **CANCELLATION POLICY:** ALL CANCELLATIONS MUST BE RECEIVED BY 5:00PM **THURS, APR. 12th, 2018.**
- MICROWAVES NOT AVAILABLE
- DAILY HOUSEKEEPING SERVICE IS MANDATORY
- 1 SET OF TOWELLS PER REGISTERED GUEST PER DAY
- THE HOTEL EXPECTS EACH GUEST TO BEHAVE WITHIN THE CODE OF CONDUCT GUIDELINES WHICH INCLUDE REASONABLE CONDITION OF CLEANINESS IN EACH SLEEPING ROOM. THE HOTEL RESERVES THE RIGHT TO REMOVE THE GUEST FROM THE PROPERTY AND/OR SEEK RESTITUTION FROM THE GUEST IF THEY DISPLAY BEHAVIOR OUTSIDE OF THIS CODE OF CONDUCT.

PLEASE ENSURE YOUR STUDENTS ARE AWARE OF THESE UPDATES. THANK YOU!

School Name:_____
Please list the advisor in the first room. (Duplicate form as needed & number pages.)

	Delegate Name	Student/ Adult	Male/ Female	Room Type
Example	Jones, Mary	A	F	Single *or* Double Double
Room#	1.			
	2.			
	3.			
	4.			
Room#	1.			
	2.			
	3.			
	4.			
Room#	1.			
	2.			
	3.			
	4.			
Room#	1.			
	2.			
	3.			
	4.			

Please copy this page of the form if more rooms are needed.