

FLORIDA STATE SPANISH CONFERENCE
OFFICIAL HOTEL REGISTRATION FORM

NAME OF SCHOOL (OFFICIAL & COMPLETE): _____

ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

NAME OF TEACHERS STAYING AT THE HOTEL:

1- NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

2- NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

(PLEASE ENCLOSE ALL INFORMATION ON ANY OTHER TEACHERS OR CHAPERONES ON THE BACK OF THIS PAGE)

LENGTH OF STAY: FROM: _____ TO: _____

TOTAL NUMBER OF NIGHTS: _____

NUMBER OF ROOMS REQUESTED: _____

(PLEASE REMEMBER THAT NO ROLLAWAY BEDS WILL BE ALLOWED)

NUMBER OF STUDENTS STAYING IN HOTEL: _____

(PLEASE INCLUDE ROOMING LIST)

AMOUNT OF DEPOSIT ENCLOSED: _____

(ENCLOSE ONE NIGHT DEPOSIT PER ROOM)

RESERVATION CONFIRMATION NUMBER: _____

NOTE: A confirmation number will be sent to you after this form and the hotel has received all required information and deposits. Please do NOT call the hotel since no reservations will be taken over the phone. Send this form, rooming lists, and deposit to:

Wyndham Orlando Resorts
8001 International Dr.
Orlando, FL 32819
ATTN: FSSC Reservations

Keep a copy for your own records. Thank you for your cooperation. We will be looking forward to serving you one more time at the Wyndham Orlando Resorts International Drive.

2016 www.thefssc.org

**FLORIDA STATE SPANISH CONFERENCE
HOTEL ROOMING LIST
Please Print**

School name: _____ Sponsor: _____

School address: _____ Home address: _____

City: _____ Zip _____ City: _____ Zip _____

School Phone: () _____ Home Phone: () _____

Please complete this form with the name and phone numbers of all students, sponsors, and chaperons who will be staying at the hotel for the Conference. The first person listed will be considered "room captain" and the hotel will list the room under that name.

Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Room: _____ Occupant Emergency # _____ _____ _____	Room: _____ Occupant Emergency # _____ _____ _____
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Mail one copy to the hotel and another to FSSC with all other forms.