

**2024 VIRGINIA FCCLA  
STATE LEADERSHIP AND RECOGNITION CONFERENCE – April 11-14**

**HOUSING FORM – page 1  
Off-Site Oceanfront Hotel**

**SEND THIS FORM (with page 2 list of names) DIRECTLY TO THE HOTEL:**

**Holiday Inn Express**  
2607 Atlantic Ave.  
Virginia Beach, VA 23451

Telephone: (757) 491-6900      FAX: (757) 491-2125      Email: [mbarnes@hiexpressvb.com](mailto:mbarnes@hiexpressvb.com)

HOUSING FORM MUST BE FAXED OR MAILED BY **FEBRUARY 15**  
TO RECEIVE GROUP RATE BASED ON ROOM BLOCK AVAILABILITY

**1. Person responsible for group:**

<b>Name:</b>		<b>School:</b>	
<b>School Address:</b>			
<b>City, State, Zip:</b>			
<b>Adviser's Email:</b>			
<b>Adviser's Cell #:</b>			
<b>School Phone:</b>		<b>School Fax:</b>	

**2. Dates:**

<b>Check in date:</b>		<b>Check out date:</b>		<b>Estimated arrival time:</b>	
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**3. The first night's room and tax (per room) is required to confirm reservations.**

<input type="checkbox"/> <b>Check enclosed</b>	<b>Check amount:</b>	<b>\$</b>		<b>or credit card information:</b>	
<b>Credit Card #:</b>		<b>Card type:</b>		<b>Expiration date:</b>	
<b>Name on card:</b>		<b>Signature authorizing charge:</b>			

**Rooms are available at the following rate:**

**\$159** plus 15% sales tax, \$2.00 per room per night occupancy tax for inclusive rate of **\$184.85** per room.  
Note: Rooms have two queen beds. A two-night stay is required if checking in on Friday or Saturday nights. *Free hot breakfast is included.*

Any reservation not canceled within **72 hours** of arrival will be charged one night's room and tax.

**PLEASE INDICATE IF ANY OF THE ROOMS MUST BE HANDICAP ACCESSIBLE.**

**Note:** All rooms are oceanfront - equipped with free wi-fi, refrigerator, coffee maker, microwave iron/ironing board, and hairdryer.  
**Bus Parking:** Bus parking is available at the Holiday Inn Express. **Please let the hotel if you need bus parking. Indicate the number of buses:**

**PLEASE USE "PAGE 2" OF THE HOUSING FORM TO LIST NUMBER OF ROOMS AND PERSONS TRAVELING WITH YOUR GROUP ASSIGNED TO EACH ROOM.**

Send PAGE 1 & 2 of this form directly to the hotel by Feb. 15. Keep a copy for your records.

*(Use this page for reserving rooms at all hotels – attach to selected hotel-specific housing form.)*

## FCCLA Conference Housing Reservation – Page 2

<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>School:</b> <input style="width: 95%;" type="text"/>
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**All hotels in the FCCLA block are non-smoking.**

Circle Room Choice	Names of Participants	Arrival Date	Departure Date	Confirmation # (If booked already)
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				
King bed room (1 bed) Double/queen room (2 beds) Non-Smoking				

**PLEASE INDICATE IF ANY OF THE ABOVE ROOMS MUST BE HANDICAP ACCESSIBLE.**