

**2024 VIRGINIA FCCLA
STATE LEADERSHIP AND RECOGNITION CONFERENCE – April 11-14
HOUSING FORM – page 1**

**Off-Site Oceanfront Studio Suites Hotel
(can sleep up to six in some rooms – **NEWLY RENOVATED**)**

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

SpringHill Suites

901 Atlantic Ave.
Virginia Beach, VA 23451

Telephone: (757) 383-6065 FAX: (757) 383-6064 Email: gbrown@coastalha.com

HOUSING FORM MUST BE FAXED OR MAILED BY **MARCH 7**
TO RECEIVE GROUP RATE BASED ON ROOM BLOCK AVAILABILITY

1. Person responsible for group:

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

2. Dates:

Check in date:		Check out date:		Estimated arrival time:	
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3. The first night's room and tax (per room) is required to confirm reservations. (Payment by credit card is strongly preferred. To pay by school check, please contact Gioia Brown for instructions at: 757.383.6070; gbrown@coastalha.com)

Credit Card #:		Card type:		Expiration date:	
Name on card:		Signature authorizing charge:			

Queen Studio Suites (sleeps 6) are available at the following rate:

\$149 plus 15% sales tax, \$2.00 per room per night occupancy tax for inclusive rate of **\$173.35** per room.
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 suites are oceanfront with balcony - equipped with refrigerator, coffee maker and microwave. Sleeping area is separate from desk area with sleeper sofa. **All rooms are non-smoking**

Bus Parking: Bus parking is NOT available onsite at the SpringHill Suites. Parking is available at the 9th street Holiday Travel lot for a \$25 fee per day – walkable from the hotel.

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

Send PAGES 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

Name: <input style="width: 95%;" type="text"/>	School: <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				
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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.