**KANSAS FCCLA STATE LEADERSHIP CONFERENCE**

**MARRIOTT HOTEL HOUSING FORM**

**RESERVATIONS MUST BE MADE VIA HOUSING FORM – PHONE RESERVATIONS WILL NOT BE ACCEPTED**

EMAIL HOUSING FORM TO: melissa.evans@wichitamarriott.com

CUT-OFF DATE: March 15, 2024, OR UNTIL ALL ROOMS RESERVED

Check-in time is 4:00 PM & check-out is at 11:00 AM.

*Any school checking in earlier than 4:00 PM will be charged a ½ day room & tax.*

*Any school checking out later than 11:00 AM will be charged a full day room & tax.*

|  |  |
| --- | --- |
| **Wichita Marriott**9100 Corporate Hills DriveWichita, KS 67207(316) 651-0333 | **Room Rate**$112 per room + 9.13% Occupancy Tax = **$122.23/room night**(Excludes State Tax)***A tax exemption form will be needed for eligibility.***  |

**APRIL 7 - 9, 2024**

|  |  |  |
| --- | --- | --- |
| **Arrival Date** | **Departure Date** | **Number of Nights** |
|  |  |  |

|  |  |
| --- | --- |
|  |  |
| SCHOOL | ADVISOR |
|  |  |
| ADDRESS | PHONE # |
|  |  |
| CITY/STATE/ZIP | TAX EXEMPT # |
|  |  |
| EMAIL | P.O. # |

**Method of Payment: ( √ )**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SCHOOL CHECK** |  | **SCHOOL P.O.** |
|  |  |  |  |
|  | **DIRECT BILL** |  | **CREDIT CARD** |

**AN EMAIL WILL BE SENT CONFIRMING AVAILABILITY AND/OR CONFIRMATION NUMBERS.**

* **CANCELLATION POLICY:** ALL CANCELLATIONS MUST BE RECEIVED BY 5:00 PM FRIDAY, MARCH 15, 2024.
* IN-ROOM MICROWAVES NOT AVAILABLE – GUEST MICROWAVE LOCATED IN LOBBY SHOP
* MANDATORY DAILY HOUSEKEEPING SERVICE – DO NOT DISTURB SIGNS WILL BE IGNORED.
* 0NE SET OF TOWELS PER REGISTERED GUEST PER DAY
* NO STUDENTS ALLOWED IN THE FITNESS CENTER/POOL AREA WITHOUT SPONSOR SUPERVISION. SPONSOR MUST BE 21+ YEARS OLD.
* THE HOTEL EXPECTS EACH GUEST TO BEHAVE WITHIN THE **CODE OF CONDUCT** GUIDELINES WHICH INCLUDE REASONABLE CONDITION OF CLEANLINESS 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 THE CODE OF CONDUCT. – **PLEASE ENSURE YOUR STUDENTS ARE AWARE OF THIS INFORMATION. THANK YOU.**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Duplicate form as needed & number rooms i.e., Room #1.)

**ROOM TYPES**: **KING** (1 – 2 people) **KING w/ SOFA BED** & **DOUBLE QUEEN** (2 – 4 people)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | **Delegate Name** | **Student/ Adult** | **Male/ Female** | **Room Type Request** |
| ***Example*** | ***Jones, Mary*** | ***A*** | ***F*** | ***King (K)*** ***King w/ Sofa Bed (KSB)******Double Queen (DQ)*** |
| **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.**