



February 22-23, 2019
FFCCHA Leadership Summit & Quarterly Meeting Hotel Application

Best Western Hotel
3701 S W 38th Ave. Ocala, FL 34474 (off 1-75, exit 350, go west)

Hotel reservations are for one or two (2) nights (Friday evening, February 22nd & Saturday evening, February 23rd) while you are attending the FFCCHA Full Board meeting and Leadership Summit at The Early Learning Coalition of Marion County (exit 350, go East).

Limited number of hotel rooms available. Make your reservation early. First come, first served.

To qualify for room reservations recipients must:

- 1. Be a FFCCHA member.
2. Per-register for the Leadership Summit and be in attendance for the entire Leadership Summit training and Full Board Meeting on February 23, 2019.
3. Complete form(s) and send so they are received no later than February 8, 2019. No Exceptions!
4. Include full payment with this form or the application will not be accepted. Payments will be available online via Credit Card (cc) payments. Those making payments by cash/check/MO will be given discounted prices.

Hotel reservations must be made by FFCCHA! Room reservations will NOT be made without the proper form(s) and the money submitted. Leadership Summit training scholarship applications must be sent in with this hotel form.

If you select option 1 or 3 below, please list your roommate preference. If you do not designate a roommate, one will be assigned, if available. All considerations will be taken in order to meet your request.

Hotel Reservations for February 22-23, 2019

Check one option:

- Option 1 Two people to a room for two nights. Each person pays \$ 88.00 (cc) or \$85.00 (Cash /Check)
Option 2 Single or Family Room for two nights. One payment of \$176.00 (cc) or \$170.00 (Cash/Check)
Option 3 Two people to a room for ONE night only - check: Fri 02-22-19 or Sat 02-23-19
Each person pays \$44.00(cc) or \$42.50 (cash /check)
Option 4 Single or Family Room for ONE night only - check: Fri 02-22-19 or Sat 02-23-19
One payment of \$88.00 (cc) or \$85.00 (Cash /Check)

*Add'l charges: 3rd & 4th person in the room, add \$7each per night. Rollaway beds are additional \$10 per night

Your Name: Roommate Name:
Email: Email:

Please Read The Following Statement ----- Sign & Date!

I, the undersigned, do hereby state: the above information is correct to the best of my understanding. I understand that these rooms are being paid for with FFCCHA, Inc. money. Friends and family members may NOT use this room, unless I have chosen option # 2 or # 4. I understand that I will be assigned a roommate, if available. I understand if I do not attend the Full Board meeting, I will be responsible for the full cost of my hotel room. I understand my reservations will be voided if I do not abide by the guidelines of this contract.

Signature: Date:

Please make money order or check payable to: FFCCHA, Inc.
Returned checks will be assessed a \$47 fee in addition to the amount of the returned check. NO REFUNDS.

Mail to: FFCCHA, 1530 NW 124th Street, North Miami, FL 33167
Any questions, please contact: FFCCHA (786) 274-2931 or JittaBugTrainings@gmail.com

Only completed form(s) with payment will be accepted and deadline will be strictly adhered to!

If you need an accommodation because of a disability in order to participate in the child care training process, contact FFCCHA at least two weeks prior to the first training date at (786) 274-2931 between the hours of 8:00a.m - 5:00p.m. Monday through Friday.

Completed forms will be dated as received, in case we exceed the allotted amount of FFCCHA room block. Your hotel reservation and scholarship confirmation will be e-mailed to you by February 15, 2019. Please print your e-mail address clearly.

Office Only: Rec'd Payment Type Amount \$ Member Date Scholarship: Approved/Denied