FLORIDA GENERAL BAPTIST CONGRESS OF CHRISTIAN EDUCATION
Reverend Doctor Jimmy Bryant, President
August 2-6, 2010

Auxiliary to
FLORIDA GENERAL BAPTIST CONVENTION, INC.
Reverend Doctor James Sampson, President **Reverend T. T. Shellman, General Secretary**

OFFICIAL HOUSING RESERVATION FORM

The hotel and rate for FLORIDA GENERAL BAPTIST CONGRESS OF CHRISTIAN EDUCATION is listed below.
Deposit: A one-night deposit must accompany each room reservation. Only reservations with deposit will be processed.
Check or Money Order Reservation: Make check payable to the Doubletree Hotel and mail to the hotel.
Credit Card Reservation: Call, fax or make reservations online via the link from Convention's web site.
It is not necessary to complete a Housing Reservation Form if you call or make reservations online.
Deadline to make reservations: **July 9 at 5PM**. Rates are effective three days before and three days after the congress. Should you need to, cancellation must be made ***72 hours before arrival***.
*TAX EXEMPTION ELIGIBILITY: Tax certificate required. Payment **must** be by church check or credit card and **must** match tax certificate. Questions regarding tax exemption call 850 487-4130.

Important Information: No checks accepted at check-in or check-out. All checks must be received at hotel by July 23. Include confirmation number on check. Check-in: 4:00PM; Check-out: 11:00AM
Complete a separate form for each room requested. Complete each part in detail. Please type or print.

GROUP BLOCKS: All requests for ***eight or more*** rooms must be forwarded to the Director of Convention Planning. Requests must be submitted with a completed Housing Reservation form, rooming list and the required one night deposit per room. **Mail or Fax requests to**: FGBC Director of Convention Planning.

1. Name_____

   Address_____
   Street City Zip Code

   Telephone Number (____) _____ Fax (____) _____ Email_____

2. Rooms will be assigned on a first come, first serve bases.

   Room Type: (based on availability)___ One Bed ___Two Beds ___Handicap Accessible ____ Non Smoking

3. Print names of all persons sharing room

   _____ _____

   _____ _____

4. Arrival Day/Date_____ Departure Day/Date_____

5. Method of Payment (Check or Money Order) Enclosed $_____ (1st night deposit required)

   Credit Card: ___ American Express ___Discover ___Diners ___Master Card ___VISA

   Credit Card Number _____ Expiration Date _____

   Name on Card_____

   Signature_____

HOTEL INFORMATION

HOTEL NAME, ADDRESS, PHONE	RATE PER NIGHT	TAX*	TOTAL
Doubletree at Entrance to Universal Orlando	**$109.00**	**12.5%**	**$122.63**

5780 Major Blvd., Orlando, FL 32819 Phone: 407-351-1000; Toll Free: 1-800 222-TREE; Fax: 407 206-1759
Overnight Self Parking: $7 per day (in/out privileges); Day parking: $5 (no in/out); Valet Parking: $14.00 per day; Buses: $25.00 per day