



"Into the World"

2008 Florida-Georgia District President's Convocation
 September 24-26, 2008
 Daytona Beach Hilton, Daytona Beach, FL

Cost of room: \$119.00
 Hotel registration deadline: **August 22**.
 Send your tax exempt certificate with your registration form.

Church/School Name _____ Contact person _____

Church/School Address _____ City/State _____ Zip Code _____

Church/School Phone Number _____ Fax Number _____

Please check the box which describes your method of payment for your reservations:

- Church/School will pay for all charges including movies, telephone calls, room service, etc.
- Church/School will pay for room rental charges only. All other costs will be paid by individuals.
- Individuals will pay for all charges on own.

Either mail this form to:
 Hilton Daytona Beach Oceanfront Resort
 Attn: Jackie Niell
 100 North Atlantic Avenue
 Daytona Beach, FL 32118
OR Fax it to: 386-253-8841
 Attn: Jackie Niell
 Questions about your hotel?
 Call: 386-254-8200 Reservations

Room 1	Names (List individuals, last name, then first)	Arrival Date	Departure Date	Visa, MC, or AE; Credit Card #; Exp. Date	Special Requests/Needs/Comments
1					
2					
3					
4					
Room 2	Names				
1					
2					
3					
4					
Room 3	Names				
1					
2					
3					
4					
Room 4	Names				
1					
2					
3					
4					
Room 5	Names				
1					
2					
3					
4					

Room 6	Names (List individuals, last name, then first)	Arrival Date	Departure Date	Visa, MC, or AE; Credit Card #; Exp. Date	Special Requests/Needs/Comments
1					
2					
3					
4					
Room 7	Names				
1					
2					
3					
4					
Room 8	Names				
1					
2					
3					
4					
Room 9	Names				
1					
2					
3					
4					
Room 10	Names				
1					
2					
3					
4					
Room 11	Names				
1					
2					
3					
4					

If your school is paying for each person's room or other charges, it is necessary to prepay at check-in. Due to the nature of the hotel industry we cannot guarantee all room requests, but we will do everything possible to honor your requests. Due to the intricacies of the State of Florida tax laws the following policy will apply to each school to be eligible for tax exemption. **If you are a tax exempt entity in the State of Florida, you must bring a copy of your Tax Exemption Certificate, and you must pay with either a school check or with a school credit card. You can also make your reservation online at:**

<http://www.hilton.com/en/hi/groups/personalized/DABDHHF-LCMS-20080920/index.jhtml>

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CREDIT CARD AUTHORIZATION

Guest/Group Name: _____

Arrival & Departure Dates: _____

**I irrevocably authorize my credit card to be used for the following services at the HILTON DAYTONA BEACH OCEANFRONT RESORT
100 North Atlantic Avenue, Daytona Beach, FL 32118:**

Please Circle One:

Payment

Deposit Only

Check all that apply:

- _____ All Group Room, Tax and Associated Charges
(including rooms attrition and cancellation)
- _____ All Banquet Food and Beverage and Associated Charges
(including tax, service charges, and food and beverage
attrition and cancellation)
- _____ All Master Account and Other Charges
- _____ Group Deposit of \$_____ (Per Contract)
- _____ Following Charges Only: _____

Comments: _____

Credit Card Type: _____

**If used for Direct Billing guarantee, please provide:
Contact person, Billing Address & Telephone #**

Credit Card #: _____

3 digit code on back of credit card: _____

Expiration Date: _____

_____ Contact Name

Card Holder: _____
Print name exactly as it appears on card

_____ Billing Address

Company Name: _____

_____ City, State Zip

Amount of Charge/Approve: _____

_____ Phone #

Signature: _____

Today's Date: _____

I warrant and represent that I am authorized to agree that
charges for this event are posted to this credit card.

**IMPORTANT NOTE: DUE TO CREDIT CARD REGULATIONS, A PHOTOCOPY OF THE CARDHOLDER'S CARD
IMPRINT (FRONT & BACK) MUST BE PROVIDED, UPON COMPLETION OF THIS FORM. PLEASE BE SURE
CARDHOLDER HAS SIGNED THE BACK OF THE CARD.**

*If credit card is used as guarantee of payment, an authorization hold for the estimated balance will be put through 30 days prior to
program. All invoices are due in accordance with contract terms. After 30 days if payment is not received, credit card will be
charged.*

FOR HOTEL USE ONLY: Amount Charged \$ _____ Approval Code _____

Date: _____ Deposit # _____