

**REGION II MEETING
FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA**

**February 9-11, 2017
Waco, Texas**

The following hotels will provide accommodations for the Region II FCCLA Leadership Conference:

Marriott Courtyard	King w/sofa sleeper (3)	\$135.00
101 Washington Street	Queen/Queen	\$145.00
Waco, TX 76701		

To reserve your room/s, go to:

[Book your group rate for FCCLA Regional 2](#)

Cut Off Date January 19, 2017

If paying by credit card, see attachment.

Hilton Hotel Waco	King w/sofa sleeper	\$135.00
113 S University Parks Dr.	Queen/Queen	\$145.00
Waco, TX 76701		

Cut Off Date January 19, 2017

To reserve your room/s, go to:

<http://www.hilton.com/en/hi/groups/personalized/A/ACTWHHF-FCCLAP-20170208/index.jhtml>

Hotel Indigo	Single	\$169.99
211 Clay Ave.	Dbl/Dbf	\$192.09
Waco, TX 76706		

254-754-7000

If paying by check, it must be accepted 14 days prior to arrival.

Cut Off Date January 17, 2017

Comfort Suites Waco North

810 I35 North	King Suites (2 persons)	\$105.00
Waco, TX 76704	QQ Suites (4 persons)	\$109.00
254-799-7272		

Extra person fee applies at \$7.00 per night plus taxes – 1 extra per room.

Reference FCCLA Region III when making reservations.

Cut Off Date: January 9, 2017

A 7% city room tax will be added to these rates.
Be sure and provide a **state sales tax** exemption form.



**PRE-APPROVED CREDIT AUTHORIZATION
FOR GROUP ROOM BLOCK RESERVATIONS**

I authorize this credit card to be used for guarantee for the following group room block. Payment in full will arrive by check 30 days in advance. If payment is not received upon arrival, the credit card will be charged for the entire amount due upon departure.

GROUP WILL PAY WITH CHECK UPON ARRIVAL PLEASE DO NOT AUTHORIZE CARD UNLESS PAYMENT IS NOT MADE BY DEPARTURE.

COMPANY/ROOM BLOCK NAME: _____

DATES OF EVENT: _____

All Charges: _____ Room & Tax: _____ Incidentals: _____

TYPE OF CARD	CARD NUMBER	EXPIRATION
___ MC/Visa	_____	_____
___ Am. Express	_____	_____
___ Discover	_____	_____
___ Diners	_____	_____
___ Other	_____	_____

Name: _____
(Please print name as it appears on your credit card)

Signature: _____

Date: _____
Amount Authorized: _____ Approval Code: _____ Date: _____



211 Clay Ave
Waco, TX 76701
254-754-7000 Phone

