



**FLORIDA SHERIFFS ASSOCIATION
ANNUAL JAIL ADMINISTRATOR
WORKSHOP & TRADESHOW
December 5-8, 2005**



RESERVATIONS FORM

Please Print or Type ALL Information!

Name: _____ Telephone: (____) _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Arrival Day/Date: _____ Departure Day/Date: _____

(Check-in time is after 4:00 p.m. Check-out time is 11:00 a.m.)

Number of Rooms Required: _____ Sharing With: _____

Number of Adults: _____

Advance deposit of one night's room and tax is required to confirm reservations.

METHOD OF PAYMENT: Type Credit Card: _____

Credit Card No.: _____

Expiration Date: _____

Check Enclosed: _____

Deposits will be recorded at the time reservation is made. An individual will not be charged if the Hotel receives notice of cancellation at least 72 hours prior to schedule arrival.

CONFIRMED RATE FOR FLORIDA SHERIFFS ASSOCIATION

\$109

(Single or Double Occupancy, Per Night).

ALL ROOM REQUESTS MUST BE RECEIVED BY: NOVEMBER 14, 2005

SIGNATURE _____

DATE _____

**ATTN: RESERVATION DEPARTMENT
HILTON DAYTONA BEACH OCEANFRONT RESORT
100 North Atlantic Avenue ★ Daytona Beach, FL 32118
386- 254-8200 ★ Fax: 386-253-0275**