VFW Auxiliary Mid-Year Florida

Feb 19<sup>th</sup> – 25<sup>th</sup>, 2021

Hyatt Regency Clearwater Beach, Florida

Sign-up sheet

Which conference are you in: \_\_\_\_\_

Legal Names for all travelers (as they appear on your government issued ID) include middle name or initial

| 1. | Name: |                |
|----|-------|----------------|
|    |       | Date of Birth: |
| 2. | Name: |                |
|    |       | Date of birth: |
| 3. | Name: |                |
|    |       | Date of birth: |
| 4. | Name: |                |
|    |       | Date of birth: |

Names preferred on name badge: (First and last)

| 1. |  |
|----|--|
| 2. |  |
| 3. |  |
| 4. |  |
|    |  |

Mailing address, documents are sent via UPS, so please use the street address, (no P O Boxes please)

# Please note: 1 package per room is sent, so pick the designated person:

| Name:                |       |  |
|----------------------|-------|--|
| Street:              |       |  |
| City, State, ZIP:    |       |  |
| Phone numbers: Home: | Cell: |  |
| Email address:       |       |  |

## Rate Includes:

The room rates are based on 1, 2, 3 or 4 in the room. Depending on the room type!

If you are interested in suites, they are more expensive and some allow 5 people. These are on request only and no space is being held.

### Package Includes -

6 nights at the resort, all taxes and fees. Round trip airport transfers to the resort, a welcome private cocktail party designated for the VFW Auxiliary group only as well as a farewell dinner cruise last night. (Private event)

Transfers are included ONLY if flights are booked through VTS. If you wish to use mileage or purchase your own ticket, transfers are an additional \$50.00 round trip per person roundtrip. Keep in mind VTS will not be able to assist with cancelled, or delayed flights if tickets are not purchased through us.

Airfare is additional, please call for a quote.

Should you wish to come in early, stay longer in Tampa, or anywhere else in Florida, feel free to call us and we will be glad to help you. Please contact VTS directly for help with this. (800) 325-9377.

Space is limited and based on first come first serve.

Room Type preferred:

## King Bed Guest room (kitchenette in room) 400 sq ft (20 in inventory)

Double occupancy \_\_\_\_\_\_\$1085.00 per person

Single occupancy \_\_\_\_\_\_\$1972.00 per person

### Deluxe King with pullout sofa (kitchen in room) 600 sq ft (65 in inventory)

- Double occupancy \_\_\_\_\_\_\$1095.00 per person
- Triple Occupancy \_\_\_\_\_\_\$788.00 per person
- Single Occupancy \_\_\_\_\_\_\$1992.00 per person

### Deluxe Queen/Queen with pullout sofa (kitchen in room) 600 sq ft (50 in inventory)

- Double Occupancy \_\_\_\_\_\_\$1095.00 per person
- Triple Occupancy \_\_\_\_\_\_ \$788.00 per person
- Quad Occupancy \_\_\_\_\_\_\$637.00 per person
- Single Occupancy \_\_\_\_\_\_\$1992.00 per person

#### Payment information

Because of short notice,

Full payment is due by Dec 14, 2020 / Nonrefundable.

Credit Cards may be used for no additional cost.



406 West 34th Street, Ste 106 | Kansas City, MO 64111 Toll Free 800.325.9377 | Local 816.531.5850 | Fax 816.531.3343 | Email <u>info@vtstvl.com</u>

# **CREDIT CARD INFORMATION**

| Credit Card Type: □ Maste            | erCard $\Box$ Visa $\Box$ At | merican Express 🗆 Discover Card |   |
|--------------------------------------|------------------------------|---------------------------------|---|
| Number:                              |                              |                                 |   |
| Expiration Date:                     |                              | Security Code:                  |   |
|                                      |                              |                                 |   |
| Name:                                |                              |                                 |   |
| Billing Street Address:              |                              |                                 |   |
| City:                                | State:                       | Postal Code:                    |   |
| Direct Telephone:                    | Email:                       |                                 |   |
| Credit Card Type: □ Maste<br>Number: | erCard □Visa □A1             | merican Express 🗆 Discover Card |   |
| Expiration Date:                     |                              | Security Code:                  | _ |
| Cardholder Signature X Da            | te                           |                                 |   |
| Name:                                |                              |                                 |   |
| Billing Street Address:              |                              |                                 |   |
| City:                                | State:                       | Postal Code:                    |   |
| Direct Telephone:                    | Email:                       |                                 |   |

# **CREDIT CARD INFORMATION**

Credit Card Type: 
□ MasterCard □ Visa □ American Express □ Discover Card

Number:

| Expiration Date:            |        | Security Code: |  |
|-----------------------------|--------|----------------|--|
| Cardholder Signature X Date |        |                |  |
| Name:                       |        |                |  |
| Billing Street Address:     |        |                |  |
| City:                       | State: | Postal Code:   |  |
| Direct Telephone:           | Email: |                |  |

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Credit Card Type: 
☐ MasterCard 
☐ Visa 
☐ American Express 
☐ Discover Card

Number:

Expiration Date: \_\_\_\_\_\_ Security Code:

| Cardholder Signature X Da | ate    |              | <u> </u> |
|---------------------------|--------|--------------|----------|
| Name:                     |        |              |          |
| Billing Street Address:   |        |              |          |
| City:                     | State: | Postal Code: |          |
| Direct Telephone:         | Email: |              |          |