# Wednesday, March 13, 2013 to Friday, March 15, 2013

**Embassy Suites Orlando-Lake Buena Vista**

8100 Lake Street, Orlando, Florida, 32836, USA TEL: 1-407-239-1144

Please submit this form to Stephanie Heflin, Office of Travel & Conference Planning by 02/10/2013 at:

PO Box 851 Valley Forge, PA 19482, FAX: 610-768-2229, email: [Stephanie.heflin@abc-usa.org](mailto:Stephanie.heflin@abc-usa.org)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**McKee Registration Fee: $99.00**

**Hotel Accommodations**

Room rate: Single/Double $109.00 per room night (tax included). *A cooked to order breakfast is also included in your nightly room rate.*

**Extended stay (up to two days before or two days after the consultation) is $139 per night.**

**I will check into the Embassy Suites on Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I will check out of the Embassy Suites on Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I will share a room with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I will require a single room**
* **I require a smoking room**

**All hotel reservations must be guaranteed with a valid credit card and made through the Office of Travel & Conference Planning.**

**Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Check here if you DO NOT need a room at the Embassy Suites Orlando-Lake Buena Vista**

**Meal Event Reservations**

**Please select *all* that apply:**

* **I will attend the Pre-Opening luncheon on Wednesday**
* **I will attend the McKee Celebratory Banquet on Wednesday Evening**
* **I will need \_\_\_\_\_ additional luncheon tickets at $25.00 each**
* **I will need \_\_\_\_\_ additional dinner tickets at $40.00 each**
* **I am \_\_\_ Vegetarian \_\_\_\_ Diabetic \_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate choice of Banquet entre for you and any guest(s):**

* **Pan Seared Breast of Chicken with Red Bliss Potatoes**
* **Dijon Crusted Salmon with Rice Pilaf**
* **Portobello and Vegetable Short Stack**