



# State Leadership Conference 2022 Hotel Reservation Form

## NC HOSA SLC 2022 Hotel Information & Reservation Form

- Each NC HOSA Chapter will submit a hotel reservation form to Sheraton Greensboro with **one night's deposit on or before February 8, 2022**. You may send a check payable to the Sheraton Greensboro at Four Seasons for the one night's deposit or use a credit card to reserve rooms.
- Please complete all information on the attached reservation form and email or fax to the hotel. No more than four (4) people per room. Telephone reservations will NOT be accepted.
- All attendees must stay in an approved NC HOSA hotel.
- Going outside the NC HOSA room block is not allowed due to liability purposes.
- Please note on the attached hotel registration form if you are traveling with other schools.
- The room rate is \$155/room/night plus 12.75% tax (subject to change without notice), which equals \$174.76/room/night.
- If you would like to have a suite, please indicate that on the reservation form and the hotel will contact you to discuss options and pricing.
- Bus parking is free onsite. Please follow security's instructions on arrival for unloading and parking.
- **Rooming list changes due by March 1, 2022.** Changes will not be accepted after this date.
- Retain a copy of the completed reservation form for your records – please travel with your copy for reference.

[Sheraton Greensboro at Four Seasons](#) - \$155/night + 12.75% tax = \$174.76/room/night

3121 West Gate City Boulevard; Greensboro, NC 27407

336-292-9161

- Complimentary guestroom internet
- Complimentary onsite parking
- Mini fridge
- Check-in: 3:00 PM, Check-out: 12:00 PM

### Credit Card Information

Name on Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Return this form no later than Feb 8, 2022 to:**

Sheraton Greensboro at Four Seasons  
Reservations Office

**Attn: Debbie Millang**

**Email:** [dmillang@sheratongreensboro.com](mailto:dmillang@sheratongreensboro.com)

(please email unless providing credit card information)

Fax: 336.323.4876 (Please fax your reservation form if paying by credit card)



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## Hotel Reservation Form (Page \_\_\_\_ of \_\_\_\_)

*\*Copy as needed until group is complete. Fill in page x of y above.*

School \_\_\_\_\_ Advisor \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_

School Email \_\_\_\_\_ Alt email \_\_\_\_\_

Traveling with (list other schools if applicable) \_\_\_\_\_

Please check the box for the check-in and check-out days for your group

Check-in:             Wednesday             Thursday

Check-out:             Friday             Saturday

Please check the box for the nights you will need bus parking for your group (# buses \_\_\_\_)

Wednesday             Thursday             Friday             Not Needed

Anticipated day and time of arrival: \_\_\_\_\_

I would like the hotel to contact me regarding suite options/pricing:  Yes             No



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School Name: \_\_\_\_\_ (Page \_\_\_\_ of \_\_\_\_)

Please indicate in the column provided, the type of person staying in all of the rooms:  
S = Student, A = Advisor, CH = Chaperone, and GF = Guest/Family

<b>Room #1</b>	Type	<b>Room #2</b>	Type
<b>Room #3</b>	Type	<b>Room #4</b>	Type
<b>Room #5</b>	Type	<b>Room #6</b>	Type
<b>Room #7</b>	Type	<b>Room #8</b>	Type
<b>Room #9</b>	Type	<b>Room #10</b>	Type
<b>Room #11</b>	Type	<b>Room #12</b>	Type
<b>Room #13</b>	Type	<b>Room #14</b>	Type



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School Name: \_\_\_\_\_ (Page \_\_\_\_ of \_\_\_\_)

Please indicate in the column provided, the type of person staying in all of the rooms:  
S = Student, A = Advisor, and CH = Chaperone

<b>Room #15</b>	Type	<b>Room #16</b>	Type
<b>Room #17</b>	Type	<b>Room #18</b>	Type
<b>Room #19</b>	Type	<b>Room #20</b>	Type
<b>Room #21</b>	Type	<b>Room #22</b>	Type
<b>Room #23</b>	Type	<b>Room #24</b>	Type
<b>Room #25</b>	Type	<b>Room #26</b>	Type
<b>Room #27</b>	Type	<b>Room #28</b>	Type