| Today's Date | | | | Company | | | | |
|---|------------------------------|---------------------------------|-----------------------------------|----------------------------|---------------------------|------------------------|---------------------------|---|
| Name | | | | Address | | | | |
| Phone; Email | | | | City, State, Zip | | | | |
| BICSI® is pleased to provide sub-room to at the Gaylord Palms Resort & Convent tax/night, single/double occupancy bas Please indicate the number of rooms be | tion Ce ed on | enter. Su availabil | b-room k ity. All suk | olocks are | e being o | ffered at | the nego | tiated rate of U.S.\$297 + |
| (Organization's No | ame) | | | · | | | | |
| DAY | Fri. | Sat. | Sun. | Mon. | Tues. | Wed. | Thurs. |] |
| DATE 31 | Jan. | 1 Feb. | 2 Feb. | 3 Feb. | 4 Feb. | 5 Feb. | 6 Feb. | |
| # of ROOMS | | | | | | | | |
| If you require sleeping rooms prior to 31 and prevailing rates. | Janua | ry and/o | r after 6 F | ebruary | rooms wi | ll be base | ed on the | hotel's availability |
| Please note the following reservation po | licies i | n effect f | or the | (- | | | | sub-room block. |
| (Organization's Name) 1. A first night's deposit for each guest is made to the Gaylord Palms on in the form of a credit card, | | | | | | | | |
| check, or money order. If cancellation and cancel 72 hours prior to arrival to to arrival will result in forfeiture of that See item 3 below. | be ref | unded yo | our one-r | ight depo | osit. Any c | n is nece ancellati | essary, yo on made | after 72 hours prior |
| Billing Options: PLEASE CHECK YOUR BILL ☐ Guests Pay Own – Each guest's credi deposits will be charged to the credit | it card | | | e reservo | ition by th | ne reserv | ation due | date. Individual |
| ☐ First Night's Guarantee to Company for each guest room. Each guest will public charged for any no-shows or cand | provide | e payme | nt upon c | arrival for | the entire | | | |
| □ One-night room/Tax to Company Credit Card – Guests pay balance upon arrival. | | | | | | | | |
| □ Room/Tax for Entire Stay to Company Credit Card – Guests are required to provide a credit card for incidentals upon arrival. | | | | | | | | |
| will provide a complete rooming list to the hotel no later than 8 January 2025. Changes (Organization's Name) to this list must be submitted in writing directly to the Gaylord Palms Resort & Convention Center. | | | | | | | | |
| 3. Sleeping Room Attrition Fees: In order percent of the TOTAL room block you nights minimum). If only 40 room nigrate will be payable to BICSI. You may per night on or before 60 days prior to | have r ghts are / make | equeste e picked a one-ti | d. Examp up, an at me reduc | le: 50 toto trition fee | ıl room ni of five roo | ghts bloc om nights | cked (50 x s multiplie | 90 percent = 45 roomed by the nightly room |
| Please complete and sign this letter i | ndicati | ing your | acceptan | ce of the | policies s | et forth fo | or your roo | om. |
| Thank you, Kim Osterman, CMP Manager, Conferences & Events 813-769-1841; Fax: +1 813.971.4311; kosterma | ın@bic | si.org | | | | | | |
| ACCEPTED BY: Signature | | | | | Today's | Date | | |
| (Organizatio | n Repr | esentati | ve's Signo | iture) | | | | |
| APPROVED BY BICSI: Signature | | | | Today's Date | | | | |