



GROUP NAME: FICAP ANNUAL CONVENTION
PLEASE FAX THIS FORM TO ATTENTION CHRIS KARMANN
407.396.3270

Reservation Request

Arrival Date: _____ Departure Date: _____

Name of Guest: _____ Title: _____

Address: _____ Group: FICAP/20G99C

No. of Rooms/Type: _____ Adults: _____ Children: _____

(1) Night deposit required at time of booking. (30) day cancellation policy.

Credit Card: Am Ex _____ Visa _____ M/C _____ Disc _____ Other _____

CC#: _____ Exp: _____ Cardholder: _____

Person making reservation: _____

Phone: Office _____ Cell _____ Fax _____

Email address (confirmation will be sent to this address):
