

**United States
Dance ChampionshipsSM**
September 4th -8th, 2012 • Disney Swan Resort, Orlando, Florida

Deadline: August 5th, 2012
Suite Accomodations Form

PLEASE PRINT CLEARLY OR TYPE

Studio: _____ Contact: _____
Phone: _____ Fax: _____

THE HOTEL WILL BE BOOKING YOUR RESERVATIONS DIRECTLY FROM THIS FORM.
PLEASE PRINT LEGIBLY.

Guest Name(s)	Suite Type	Arrival Date	Departure Date	Smoking or Non Smoking	1 King Or 2 DBL	Price Per Night	Total
EXAMPLE							
John Smith	Deluxe Alcove	9/3	9/9	NS	1 King	\$281	\$1686
Mary Smith							

Comments:

(A 4% administrative fee will be charged for all payments made with a credit card)

Subtotal: \$	4% Admin Fee: \$
Please charge the total amount \$	
to my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Name on Card:	
Credit Card Number:	Expiration Date:
Billing Address:	
City:	
State/Country:	
Zip/Postal Code:	
Daytime Telephone Number:	
Fax:	
Signature of Card Holder:	

Please email or fax this form to

Email: wayne@dancevision.com or Fax: 702-256-4227