

FLORIDA FEDERATION OF ITALIAN AMERICAN CLUBS'

34th Annual Convention

September 17 - 19, 2010

Embassy Suites in Orlando

8978 International Drive, Orlando, Florida

Every room is a two room suite with refrigerator, microwave, iron, hair dryer, & coffee pot.



- Friday Night** Salad, Choice of: Chicken Mango OR Roasted Pork, rice pilaf, vegetables, & dessert.
Saturday Breakfast Full cooked-to-order breakfast
Saturday Night Salad, Choice of: Sirloin Marsala OR Grouper, roasted new potatoes, vegetables & dessert.
Sunday Breakfast Full cooked-to-order breakfast

PLEASE INDICATE DINNER CHOICES BELOW IN RESERVATION FORM



- Friday: Check-in at 4:00 P.M., hospitality 5:30-7:00 P.M., sit down dinner dance at 7:00 P.M., (Business Casual)
Saturday: Breakfast, delegates meeting, Card Bingo, Morra Contest, private hospitality 6:00-7:00 P.M., sit down dinner dance at 7:30 P.M. (Semi-Formal)
Sunday: Breakfast, Check-out time at 11:00 A.M.

PLEASE fill out reservation form and send 50% of total package price by July 17, 2010 to reserve your room. Your balance must be received by August 16, 2010.

(We cannot guarantee full refund for any cancellation after August 16, 2010.)

Please make check out to F.F.I.A.C. and mail to: Shirley Casey
2300 S.W. 112th Avenue
Tel: (954) 472-1245 Davie, FL 33325-4815

Cut & Mail Form

- 3 Days/2 Nights/2 People in a King bed suite - \$400.00 3 Days/2 Nights/2 People in Double beds - \$422.50
 3 Days/2 Night/3 People in a King bed suite - \$520.00 3 Days/2 Nights/3 People in Double beds - \$542.50
 3 Days/2 Nights/1 person in a King bed suite - \$343.00 3 Days/2 Nights/1 person in Double beds - \$365.50
 Non-Smoking Room Low Floor Handicap

Extra nights: \$89.00 each night for King room or \$100.50 each night for Double room Indicate: Thursday Sunday
Dinner Meals only are \$60.00 per person per day (indicate below which night, meal choices, and how many).

NAME: _____ TEL: (____) _____

ADDRESS, CITY, STATE & ZIP CODE: _____

Special Request for room or food: _____

Are you President of your club Delegate from your club Office of FFIAC or Member

Club: _____ Delegate or President's Name: _____

FRIDAY NIGHT DINNER: CHICKEN PORK If no choice indicated, CHICKEN will be served.

SATURDAY NIGHT DINNER: BEEF FISH If no choice indicated, BEEF will be served.

E-MAIL ADDRESS: _____ (for an E-mail confirmation of receipt of reservation - only)