

FLORIDA FEDERATION OF ITALIAN AMERICAN CLUBS'

37TH Annual Convention

October 4 - 6, 2013



Daytona
Speedway

Oceanfront
Resort

Hilton Daytona Beach

100 North Atlantic Avenue, Daytona Beach

Complimentary Self Parking and every room is Oceanfront with iron, hair dryer, & coffee pot.

- Friday Night Buffet Dinner: Salad, Lasagna, Pork, Penne Alfred, vegetables, & dessert station
- Saturday Breakfast Buffet Breakfast: Coffee, juice, whole fruit, muffins, breakfast breads, cereal & milk
- Saturday Night Salad, Choice of: Lemon Caper Buerre Salmon OR Red Wine Demi-Glaze Chicken, potatoes, vegetables & dessert.
- Sunday Breakfast Buffet Breakfast: Coffee, juice, whole fruit, sausage egg & cheese croissant, cereal & milk

PLEASE INDICATE DINNER CHOICES BELOW IN RESERVATION FORM

- Friday: Check-in at 4:00 P.M., hospitality 4:30-5:30 P.M., buffet dinner dance at 7:00 P.M., (Business Casual)
- Saturday: Breakfast, delegates meeting, Card Bingo, Morra Contest, hospitality 4:30-5:30 P.M., sit down dinner dance at 7:00 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 27, 2013 to reserve your room. Your balance must be received by September 4, 2013.
(We cannot guarantee full refund for any cancellation after September 4, 2013.)

Please make check out to F.F.I.A.C. and mail to: Sherry Casey
2300 S.W. 112th Avenue
Davie, FL 33325-4815

Tel: (954) 472-1245



Cut & Mail Form

- 3 Days/2 Nights/2 People in a room - \$440.00
- 3 Days/2 Night/3 People in a room - \$579.00
- Non-Smoking Room
- Low Floor
- Handicap
- 3 Days/2 Nights/1 person in a room - \$363.00
- 2 Days/1 Night/2 people in a room - \$275.00
- Friday
- Saturday

Extra nights: \$105.00 each night Indicate: Thursday Sunday

Dinner Meals only are \$65.00 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: _____

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

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