Housing Form

OMNI INTERLOCKEN RESORT
November 15 – 17, 2013 | Broomfield, CO

PLEASE RETURN THIS FORM TO OMNI INTERLOCKEN RESORT BY OCTOBER 29, 2013

DO NOT SEND TO FPA.

VISIT THE FPA CHAPTER LEADERS CONFERENCE PAGE AT WWW.FPANET.ORG TO MAKE RESERVATIONS ONLINE.

Name: _____ **Company Name:** _____

Address: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip/Postal Code:** _____ **Country:** _____

Phone: _____ **Fax:** _____

Email: _____

HOUSING FEE: $300. (FOR 2 NIGHTS)

Includes accomodations for November 15 and 16. Additional hotel nights will be at the expense of the attendee. Registration does not include additional meals (besides those provided during the conference), airfare or transportation to/from airport.

FPA Pro Bono Directors: *The conference registration and housing for November 15 and 16 is covered for Foundation for Financial Planning Scholarship attendees. If you are applying for this scholarship please send your registration to FPA at Member.Services@FPAnet.org.*

Hotel Information

All lodging reservations at the Omni Interlocken Resort should be made by using this form, or by contacting the Omni Interlocken Resort directly. There are a limited number of rooms at the resort, so reservations will be confirmed on a first-come/first-served basis. A written acknowledgement will be sent to you via email or fax from the Omni Interlocken Hotel. Reservations MUST be held with a credit card. Reservations cancelled after 48 hours prior to arrival will be assessed one night's room and applicable taxes. The registration deadline is October 22, 2013. All rooms are deluxe king rooms. If you plan to arrive prior to November 15, 2013 or stay longer than November 17, 2013, an additional fee will be assessed; please indicate your extended stay below.

Changes to Your Reservations

All reservation transactions, including changes and cancellations, must be made with the Omni Interlocken Hotel. Requests for reservations must be received by October 22, 2013 in order to ensure conference rates, based upon availability. Reservations will be assigned on a first come, first-served basis.

Room Requirements:

Hotel Arrival Date: _____ Hotel Departure Date: _____ ☐ Handicap Accessible

Additional Night Room Rate:

☐ Deluxe Guest Room: $150/night single Additional Date(s): _____

PAYMENT INFORMATION.

☐ VISA ☐ MasterCard ☐ American Express ☐ DISCOVER

Card Number: _____ **Expiration Date:** _____ **Total:** _____

Name on Card: _____ **Authorized Signature:** _____

By my signature above, I hereby authorize Omni Interlocken Resort & Spa to charge my credit card for the total amount. I have read and understand the guarantee/cancellation policy and agree to the card user agreement.

Submit this form to:

Omni Interlocken Resort | 500 Interlocken Blvd. Broomfield, CO 80021 | Tel: 303.464.3238 | Fax: 303.464.3250