

SUBMIT BY FEBRUARY 12, 2026

HOTEL / MEAL PACKAGE REGISTRATION

New Jersey FCCLA State Leadership Conference

SEND ORIGINAL AND CHECK TO:

DoubleTree by Hilton Cherry Hill Philadelphia
2349 West Marlton Pike
Cherry Hill, NJ 08002

Kimberly.Anderson@Hilton.com

PHONE: 856-382-6159

FAX: 856-382-6102

SEND COPY OF FORM TO:

Patricia DiGioia-Laird
State Adviser
FCCLA State Office
JP Stevens High School
855 Grove Avenue
Edison, NJ 08820
PHONE: 732-452-2862
FAX: 732-494-4103

School _____ Adviser _____

Address _____ School Telephone _____

- **Schools are Exempt from State Sales Tax if PAID by School Check or Purchase Order.**
(Tax Exempt Letter must be on file with the hotel.)
- **Please specify SCHOOL NAME on the District Purchase Order. Remittance should cover the total cost.**
- **Please list the individual's name and check appropriate boxes.**
(If individuals are rooming together, be sure to list their names in the same block.)
- **Make school or chapter check payable to the DoubleTree by Hilton Cherry Hill Philadelphia**
Duplicate form as needed. **Please TYPE OR PRINT CLEARLY.**

NUMBER OF PERSONS FOR WEDNESDAY, MARCH 25, 2026, w/ Meal Package and Gratuity:

_____ # quad rooms with 4 persons/room @ \$132.59 per person = \$ _____

_____ # triple rooms with 3 persons/room @ \$142.75 per person = \$ _____

_____ # double rooms with 2 persons/room @ \$158.09 per person = \$ _____

_____ # single rooms 1 person/room @ \$214.09 per person = \$ _____

Total # of Rooms: _____ Total # of People: _____ Amount due = \$ _____

NOTE – Prices quoted above for room and meal package include:

- **Wednesday, March 25 – Lodging and Dinner**
- **Thursday, March 26 – Breakfast and Banquet Luncheon**

ROOMS FOR TUESDAY, MARCH 24, 2026:

QUAD & TRIPLE: \$122.00

DOUBLE & SINGLE: \$112.00

Please indicate how many rooms based on occupancy will be needed for Tuesday night 3/24.

_____ Quad rooms + # _____ Triple rooms X \$122.00 = \$ _____

_____ Double rooms + # _____ Single rooms X \$112.00 = \$ _____

Additional Amount due for *TUESDAY* = \$ _____

Late checkout (based on availability) for advisers' rooms for THURSDAY, 3/26 is \$75.00 per room.

Indicate Number Here, if needed: _____ X \$75.00 Additional Amount due = \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Each school is responsible for all their attendee's room and tax charges. A \$50 deposit or credit card authorization will be required upon check-in to cover incidental charges for chaperones' rooms only. No incidental charges will be allowed for student rooms. **Schools utilizing tax exempt forms must pay with purchase orders and school checks. Schools paying with personal checks, credit cards, money orders or cash are subject to paying an additional 6.625% Sales Tax & 8% Occupancy Tax.**

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SCHOOL _____ ADVISER _____

ROOM LIST

ROOM

NAME	STUDENT	ADVISER/ CHAPERONE	SGL	DBL	TRP	QUAD	Room For Tuesday, 3/18/24
#1							
#2							
#3							
#4							

#5							
#6							