

Save the Date

Enhancing Our Minds . . .

in 2012



FFCCHA
20th Annual Conference
Sheraton Sand Key Resort
Clearwater Beach, FL
June 19 - 24, 2012

Pre-Conference: June 21st

NAFCC Business Training with Tom Copeland, J.D.

Peter Stewart Live! Children's Concert: Friday, June 22 at 7:00 p.m.

Saturday Keynote

Leave a Legacy with Peter Stewart, multi-faceted teacher, composer, author, performer, and motivational speaker

20th Anniversary Celebration on Saturday Night!

Visit www.familychildcare.org for more conference updates!

Visit www.sheratonsandkey.com or

call 727.595.1611 to reserve your hotel room today!

Enjoy . . . invigorating morning walks in the sand;

relaxing evening of beautiful sunsets on the Gulf

inspiring, motivating workshops during the day; and



Conference Layaway Plan and Hotel Reservations

Florida Family Child Care Home Association, Inc.

20th Annual Conference, June 19-24, 2012

“Enhancing Our Minds . . . in 2012”

Sheraton Sand Key Resort, 1160 Gulf Blvd., Clearwater Beach, FL 33767

- Plan is available for **FFCCHA members** only. Balance must be **PAID IN FULL** by **April 1, 2012**.
- Plan includes: FFCCHA Conference **Registration** and **hotel room for three nights**, Thursday through Saturday, June 21-23, with check-out on Sunday, June 24 at the Sheraton Sand Key Resort.
- Additional nights (3 days before or 3 days after the conference) must be paid at a rate of \$174/night.
- Plan has a maximum of **SIX monthly payments** due on the **1st of each month**, starting Nov. 1, 2011
- All applications **MUST have first payment included**, or it will be returned! If you start after November 1, you must increase your first payment. You can also opt to pay in full with one payment before April 1.
- **Send** layaway payment **on time each month. NO reminder** phone calls, emails, or reminder postcards!
- All balances not paid in full by April 1, 2012 will be returned, minus the \$100.00 processing fee.
- **Refunds** will be allowed until May 1, 2012 **minus a \$100** processing fee.

Four options are available, with a maximum of six monthly layaway payments:

- Option #1:** One FFCCHA Member (Private or Family Room – maximum of 4 people including children)
Conference Registration Fee \$129, Hotel cost, \$522.00 and a nominal layaway fee included.
Total: \$660.00 **for only one member** (First payment of \$110, 5 payments of \$110)
- Option #2:** Two FFCCHA Members
Conference Registration Fee \$129, your portion of the hotel cost, \$261.00 and a nominal layaway fee included.
Total: \$ 400.00 **per member** (First payment of \$75, 5 payments of \$65) **Each member must apply!**
- Option #3:** Three FFCCHA Members
Conference Registration Fee \$129, your portion of the hotel cost, \$174.00 and a nominal layaway fee included.
Total: \$310.00 **per member** (First payment of \$60, 5 payments of \$50) **Each member must apply!**
- Option #4:** Four FFCCHA Members
Conference Registration Fee \$129, your portion of the hotel cost, \$130.50 and a nominal layaway fee included.
Total: \$ 270.00 **per member** (First payment of \$45, 5 payments of \$45) **Each member must apply!**

Special Note: For those just needing hotel reservations, use this form also!

Please print clearly and complete entire form

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Date Arriving: _____ Departing: _____

Bed options*: _____ One King OR _____ Two Double beds. Amount of money enclosed: \$ _____

** We will make every effort to accommodate your bed option request, but it cannot be guaranteed.*

Roommate(s) Names: _____
(required for all options)

Make checks payable to: **FFCCHA, Inc.** and mail to FFCCHA, Inc., 9207 Edgemont Lane, Boca Raton, FL 33434

Note: There is a \$35.00 fee for all returned checks.

Questions? Or if you need an accommodation because of a disability in order to participate in the child care training process; contact Abbie Bill at least two weeks prior to the first training date at 561-482-6038 or via e-mail aright933@aol.com between the hours of 8:00 am and 5:00 pm. Calls can be received Monday through Friday.

Office Use Only:

#1: Check # _____ Amount \$ _____ Date: _____	#4: Check # _____ Amount \$ _____ Date: _____
#2: Check # _____ Amount \$ _____ Date: _____	#5: Check # _____ Amount \$ _____ Date: _____
#3: Check # _____ Amount \$ _____ Date: _____	#6: Check # _____ Amount \$ _____ Date: _____

Total Layaway Plan Paid: Amount \$ _____ Date: _____