

Save the Date

**Enhancing
Our Minds...
in 2015**



FFCCHA
23rd Annual Conference
Sheraton Sand Key Resort
Clearwater Beach, FL
June 25-28, 2015

Pre-Conference: June 24-25

FFCCHA Certified M.E.N.T.O.R. Training • Leadership Training

Saturday Keynote

Curing Adulthood: Your Prescription for Less Stress and More Success!

with **Jason Kotecki**

inspiring author, artist and speaker

Concilio Latino y Talleres en Español

(Latino Council and Spanish Workshops)

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; inspiring, motivating workshops during the day; and

relaxing evening of beautiful sunsets on the Gulf



Conference Layaway Plan for Hotel Reservations

Florida Family Child Care Home Association, Inc.

23rd Annual Conference, June 25-28, 2015

“Enhancing Our Minds . . . in 2015”

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 **May 1, 2015**.
- Plan includes: **hotel room for three nights**, Thursday through Saturday, June 25-27, with check-out on Sunday, June 28 at the Sheraton Sand Key Resort. *Note: Conference Registration form and payment must be submitted separately.*
- Additional nights (3 days before or 3 days after the conference) must be paid at a rate of \$176/night.
- Plan has a maximum of **SIX monthly payments** due on the **1st of each month**, starting Dec. 1, 2014.
- All applications **MUST have first payment included**, or it will be returned! If you start after December 1, you must increase your first payment. You can also opt to pay in full with one payment before May 1.
- **Send** layaway payment **on time each month. NO reminder** phone calls, emails, or reminder postcards!
- **Refunds** will be allowed until May 15, 2015.

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)
Hotel cost, \$528.00 and a nominal layaway fee included.
Total: \$535.00 **for only one member** (First payment of \$110, 5 payments of \$85)
- Option #2:** Two FFCCHA Members
Your portion of the hotel cost, \$264.00 and a nominal layaway fee included.
Total: \$270.00 **per member** (First payment of \$70, 5 payments of \$40) **Each member must apply!**
- Option #3:** Three FFCCHA Members
Your portion of the hotel cost, \$176.00 and a nominal layaway fee included.
Total: \$185.00 **per member** (First payment of \$60, 5 payments of \$25) **Each member must apply!**
- Option #4:** Four FFCCHA Members
Your portion of the hotel cost, \$132.00 and a nominal layaway fee included.
Total: \$140.00 **per member** (First payment of \$40, 5 payments of \$20) **Each member must apply!**

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., c/o Connie Foster, 164 Poplar Drive, Interlachen, FL 32148

Note: There is a \$47.00 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 Connie Foster at least two weeks prior to the first training date via email at cfoster206@aol.com or call 386-684-1235 between the hours of 8:00 a.m. and 5:00 p.m. 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: _____