



Policies and Procedures

Credit Card Authorization Form

_____ (Name of High School) Hotel Accommodations at the 2020 Illinois Future Business Leaders of America State Leadership Conference. Include this form and credit card copies with your conference registration and hotel room reservations postmarked by **February 15, 2020**.

I, _____, hereby authorize the Crowne Plaza Springfield to utilize my credit card to guarantee payment for the stated service, function or event. I fully understand that my card will not be charged until arrival at the conference. If I choose to pay by check instead of having the credit card charged, the check will reach the hotel by at least **March 12, 2020**. I will be charged for the following: **(please mark)**

- **All charges (this includes room, tax, phones, restaurant etc.)**

- **Room and Tax Only**

- **Other _____**

Please mail this form with a front and back copy of the credit card and a copy of the FBLA hotel room reservations and a copy of the conference registration by February 15.

(Please Print)

Name of Adviser/Chaperone: _____

Email Address for Above: _____

Date(s) of Stay: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Holders Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

**Crowne Plaza Springfield, Attention Reservations,
3000 South Dirksen Parkway, Springfield, IL 62703**