

SOUTHERN REGIONAL DECA CONFERENCE

HOUSING PACKET CHECKLIST

SCHOOL _____

ADVISOR _____

Checklist: In order for your housing packet to be complete, it must include the following forms:

Complete and send these forms directly: Kristen Stahl
Crowne Plaza at Cherry Hill
2349 West Marlton Pike
Cherry Hill, NJ 08002
856-665-6666
FAX Number: 856-662-3676

- _____ Housing Packet Checklist
- _____ Housing Summary Form
- _____ Southern Regional DECA Conference Housing List
- _____ Responsibility Statement
- _____ Policies and Procedures Notice
- _____ Check or Purchase Order
(**Made Payable to: THE CROWNE PLAZA-PHILADELPHIA/CHERRY HILL**)
- _____ **ST 5 FORM**, if applicable
- _____ Judges Housing Reservation Form, if applicable.

Send your housing packet to the address below by December 3, 2010.

Kristen Stahl
The Crowne Plaza at Cherry Hill
2349 West Marlton Pike
Cherry Hill, NJ 08002
856-665-6666
FAX Number: 856-662-3676

SOUTHERN REGIONAL DECA CONFERENCE

RESPONSIBILITY STATEMENT

Check Appropriate Conference:

_____ GOLD Conference, January 7/8, 2010

_____ BLUE Conference, January 8/9, 2010

Chapters are responsible for any damages or incidental charges incurred by their advisors, chaperones, and students during the conference.

Advisors will be required to inspect all rooms prior to departure. The hotel will provide trash liners for debris. A \$50.00 housekeeping labor fee will be imposed on each chapter not upholding this policy.

The _____ chapter of DECA will be responsible for any damages or any incidental charges incurred by the DECA members of _____ (school in attendance). We understand that we must inspect all rooms prior to departure and that the rooms must be free of all debris.

CHAPTER ADVISOR SIGNATURE _____

DATE _____

**SOUTHERN REGIONAL DECA CONFERENCE
POLICIES AND PROCEDURES NOTICE**

The following is a list of reminders that you must discuss with your delegation before checking into the Crowne Point Plaza.

PLEASE ADHERE TO THE FOLLOWING:

- Trash is to be disposed of in the proper receptacles.
- Plates and glasses are not to be removed from the dining areas or brought into hallways/stairwells.
- **DO NOT THROW ANYTHING OUT OF THE WINDOWS.**
- No tampering with the elevator operations and/or overloading them.
- Do not ride the elevators for amusement nor press all buttons for elevators to stop at every floor.
- Room signage is not to be torn off the walls.
- No push pins, gum or tape is to be adhered to any wall surfaces in the hotel.
- As a courtesy to other hotel guests, Chapter Participants are asked to conduct themselves in a professional manner; particularly in regards to the noise level in the hallways and rooms.

**STEPS THAT WILL BE TAKEN DURING ANY AND ALL NEW JERSEY DECA
CONFERENCES:**

- Any student found destroying hotel property will pay for the damage and will be sent home immediately with the rest of their DECA Chapter.
- The police will be contacted IMMEDIATELY if any student is found using illegal drugs or alcohol. The student will go to the police station and the rest of their DECA chapter will be sent home.
- Chapter advisors are expected to assign at least one chaperone from their school to stay in the hallways to secure the rooms occupied by the students of that school during the conference.
- If students are found to be abusing the use of the elevators they will be banned from the use of them for the remainder of the conference.
- Anyone found throwing trash out of any hotel window will be sent home immediately. Further action may be taken by the hotel management.
- This a non-smoking conference. There is absolutely no smoking inside the hotel.

SECURITY

The hotel will provide security for the public areas, stairwells, and building perimeter.

PROCEDURES

The above policies and procedures are conditions of attendance for all conference participants. Each advisor will be asked to sign acknowledgement that he/she has discussed the policies and procedures with their students. This is required to be turned in with the Chapter's hotel registration packet.

The hotel management reserves the right to contact the student(s) school administration for any infractions listed above.

Advisor Signature

School

**SOUTHERN REGIONAL DECA CONFERENCE
HOUSING SUMMARY FORM**

Check Appropriate Conference:

Deadline Date: December 3, 2010

_____ GOLD Conference, January 8, 2010
_____ BLUE Conference, January 9, 2010

Mail to:

**Kristen Stahl
Crowne Plaza at Cherry Hill
2349 West Marlton Pike
Cherry Hill, NJ 08002
856-665-6666
FAX Number: 856-662-3676**

The hotel confirmation should be sent to:

NAME _____
SCHOOL _____
SCHOOL ADDRESS _____
TELEPHONE NUMBER _____
FAX NUMBER _____
E-MAIL ADDRESS _____

ROOMS NEEDED:

_____ Quad Rooms # _____ Double Rooms
_____ Triple Rooms # _____ Single Rooms
Total number of Rooms needed (commuting school) = _____

ROOM TABULATION:

of Rooms _____ @ \$134.00 per night (or per door for suites) \$ _____

List below school(s) you will be sharing transportation with:

**SOUTHERN REGIONAL DECA CONFERENCE
HOUSING FORM**

Room Number	Names	M/F	Accommodation
_____	_____	_____	Single _____
	_____	_____	Twin _____
	_____	_____	Triple _____
	_____	_____	Quad _____
_____	_____	_____	Single _____
	_____	_____	Twin _____
	_____	_____	Triple _____
	_____	_____	Quad _____
_____	_____	_____	Single _____
	_____	_____	Twin _____
	_____	_____	Triple _____
	_____	_____	Quad _____
_____	_____	_____	Single _____
	_____	_____	Twin _____
	_____	_____	Triple _____
	_____	_____	Quad _____
_____	_____	_____	Single _____
	_____	_____	Twin _____
	_____	_____	Triple _____
	_____	_____	Quad _____

CHAPTER: _____

**SOUTHERN REGIONAL DECA CONFERENCE
JUDGES HOUSING RESERVATION FORM**

Deadline Date: December 3, 2010

Mail to:

**Kristen Stahl
Crowne Plaza at Cherry Hill
2349 West Marlton Pike
Cherry Hill, NJ 08002
856-665-6666
FAX Number: 856-662-3676**

Please Read Carefully:

1. Please PRINT or TYPE to assure accuracy
2. Complete each part in detail for correct and rapid processing
3. All confirmations will be sent directly to the individual listed below.
4. Reservations at the conference rate will not be accepted by phone or letter.
5. Judges must send payment with the reservation or it will not be honored.

Conference Rates:

_____ Single \$134.00 plus taxes _____ Double \$134.00 plus taxes
(The above mentioned rates are per night per room.)

Send confirmation to:

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please reserve the following accommodations for:

_____ (Last Name, First Name) _____ (M/F)

_____ (Last Name, First Name) _____ (M/F)

Method of Payment: _____ Check _____ P.O. _____ VISA _____ Master Card

Credit Card Number _____ Expiration Date _____

Arrival Date: _____ Departure Date: _____