

Lodging Authorization Form

For your convenience and savings, Florida Legal Services, Inc. (FLS) has reserved a block of lodging rooms for this event. FLS has requested that the hotel directly bill us in order to save costs and administrative time. FLS will, in turn, bill your program for lodging costs.

Staff Name(s):

- ✓ I SUPPORT and acknowledge the participation of the above staff person(s) of my organization
- ✓ I APPROVE the costs listed in this application for the February 7-8, 2008 "Housing Issues In the Current Economy: A Hands On Approach" Training Event
- ✓ I am requesting overnight lodging for my staff member(s)
- ✓ I will reimburse FLS, Inc. for the costs incurred on behalf of the listed staff member(s).
- ✓ I acknowledge that should a late cancellation result in FLS being accessed a first night rooming cost, FLS will bill my program for the cost. **CANCELLATIONS** must be received by **January 25, 2008** .
- ✓ I have approved the following lodging (all rooms are single occupancy, unless FLS is informed otherwise):

___ Deluxe Guest Room (\$95.00) Wednesday, February 6, 2008
___ Deluxe Guest Room (\$95.00) Thursday, Feb. 7, 2008
___ Deluxe Guest Room (\$95/per night) Wednesday **and**
Thursday, February 7, 2008

Director's

Signature: _____

Date _____

Please Fax signed and completed form to:
Sharon Ferguson, Coordinator,
Statewide Training (904) 768-9461