



NAJASO

33rd Annual Convention, Charity Golf Tournament/Family Vacation July 15-18, 2010

**Sunset Jamaica
Grande Resorts & Spa**
Ocho Rios, Jamaica
(876) 974-2201

www.sunsetresortsjamaica.com



Your Convention Registration & Hotel Accommodation Package Includes:

4 Days & 3 Nights – “All-Inclusive”

Hotel Accommodations, Convention Materials,
Formal Opening Reception, Formal Luncheon, Beach Party,
Presidents Reception, Banquet and Awards Presentation,
Meals, Drinks, Entertainment, Taxes, Gratuities & Social Activities.

- **DEPOSIT:** \$200.00/person deposit is due and payable by March 1, 2010.
- **FINAL PAYMENT:** is due on or before June 1, 2010
- **NOTE:** Transfers between airport and the Sunset Jamaica Grand Resort is not offered in package.
- **DOCUMENTATION:** It is mandatory that guests carry a valid passport.

These 3-night rates include your Hotel Accommodation and Convention Registration Fee

Double Occupancy: **\$540.00 per person** (Minimum 3 nights stay)
Double: \$190.00/extra night stay

Single Occupancy: **\$730.00 per person** (Minimum 3 nights stay)
Single: \$160.00/extra night stay

Triple Occupancy: **\$520.00 per person** (Minimum 3 nights stay)
Triple: \$270.00/extra night stay

Children: (3-12 years) **\$45.00/night** - Limit (2) children sharing room
with 2 adults maximum

Monthly Payment of \$100 Per Month is Available.

Hotel check-in time is 3:00 PM

Check-out time is 11:00 AM (Allow three hours check-in at airport)

PAYMENTS: Must be made by Check or Money Order payable to: NAJASO 2010 Convention or by charging it to your credit card:

Name on Credit Card: _____

Card Type: Visa Master Card Exp. Date: _____

Credit Card# _____

Card mailing address: _____

Authorized Signature: _____ Date: _____

Registration/Hotel Reservation Form

“Empowering the Next Generation for the Future”

Name: _____

Status: Delegate Speaker Guest

Organization/Company Name: _____

Address: _____

P.O. Box: _____ City: _____

State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____

E-mail: _____

Roommate(s): 1. _____

2. _____

3. _____

Arrival Date: _____ Time: _____ am/pm

Departure Date: _____ Time: _____ am/pm

Room Type: (Check one):

Single Double (1 bed) Double (2 beds)

Environment: (Check one) Non-smoking Smoking

Package Price Rate/person:

\$ _____ # of persons _____ # of nights _____

Total: \$ _____

Plus Extra Nights Stay:

Single: _____ Double: _____ Triple: _____ \$ _____

TOTAL PACKAGE PRICE PLUS EXTRA NIGHTS STAY: \$ _____

Amount paid: \$ _____

Final payment is due by June 1, 2010 Balance: \$ _____

Please mail, email or fax your Hotel/ Convention Reservation Form & Payments to:

Name: Earl B. Mitchell / Roy Davidson, Co-Chair

Title: National Convention Chairman

Address: 2101 Terrace View West
Toledo, Ohio 43607 • U.S.A.

Tel: (419) 531-8171

Fax: (419) 536-2300

JA: (876) 451-5564

Email: jamtravtol@sbcglobal.net