



Region 12 Convention
April 22-25, 2010

ROOM ASSIGNMENT FORM

Page ____ of ____

CHAPTER _____ NAME OF CONTACT _____

ADDRESS _____

PHONE (Day) (____) _____ PHONE (Eve) (____) _____

E-MAIL _____

ROOMS REQUESTING TO BE CONNECTING including QUARTETS

INSTRUCTIONS: Please use this form to reserve any rooms for quartets and / or members requesting to be connecting. The Grand Sierra Resort will reserve these rooms upon availability at the time of registration. List alphabetically by room captain, including all persons in each room, and number consecutively. The Grand Sierra Resort connects a KING room to a Queen DBL or a Queen DBL to a Queen DBL. Please specify which room is which. **Connecting rooms are NOT GUARENTEED.**

Check one: QUARTET: Yes No NAME OF QUARTET: _____

ROOM # 1 Last Name First Name Last Name First Name

1) _____ 3) _____

2) _____ 4) _____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

Request to be connected or adjacent to:

Last Name First Name Last Name First Name

ROOM # 2 1) _____ 3) _____

2) _____ 4) _____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

HOW WILL THESE ROOMS BE PAID FOR? (One credit card for both rooms):

Card Type _____ # _____ Exp. _____

Name on card _____ please print

Check one: QUARTET: Yes No NAME OF QUARTET: _____

ROOM # 3 Last Name First Name Last Name First Name

1) _____ 3) _____

2) _____ 4) _____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

Request to be connected or adjacent to:

Last Name First Name Last Name First Name

ROOM # 4 1) _____ 3) _____

2) _____ 4) _____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

HOW WILL THESE ROOMS BE PAID FOR? (One credit card for both rooms):

Card Type _____ # _____ Exp. _____

Name on card _____ please print