



**Region 12 Convention  
April 22-25, 2010**

**ROOM ASSIGNMENT FORM**

Page \_\_\_\_\_ of \_\_\_\_\_

**CHAPTER** \_\_\_\_\_ **NAME OF CONTACT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** (Day) (\_\_\_\_\_) \_\_\_\_\_ **PHONE** (Eve) (\_\_\_\_\_) \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**WEDNESDAY ARRIVALS**

**INSTRUCTIONS:** Please list all rooms arriving on Wednesday *except* requests for connecting rooms or suites. Use the additional forms provided for those rooms. For each room list the Room Captain first (**in alphabetical order**) THEN list roommates. **Note:** Roll-away beds are available only for king-bedded rooms and / or suites.

ROOM #	Last Name	First Name	Last Name	First Name
# 1	1) _____	_____	3) _____	_____
	2) _____	_____	4) _____	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
<b>Special requests:</b> Upgraded room (floors 17-23) <input type="checkbox"/> Disabled (wheelchair accessible) <input type="checkbox"/> Roll-a-way <input type="checkbox"/> Refrigerator <input type="checkbox"/>				
Card Type _____		# _____	Exp. _____	

ROOM #	Last Name	First Name	Last Name	First Name
# 2	1) _____	_____	3) _____	_____
	2) _____	_____	4) _____	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
<b>Special requests:</b> Upgraded room (floors 17-23) <input type="checkbox"/> Disabled (wheelchair accessible) <input type="checkbox"/> Roll-a-way <input type="checkbox"/> Refrigerator <input type="checkbox"/>				
Card Type _____		# _____	Exp. _____	

ROOM #	Last Name	First Name	Last Name	First Name
# 3	1) _____	_____	3) _____	_____
	2) _____	_____	4) _____	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
<b>Special requests:</b> Upgraded room (floors 17-23) <input type="checkbox"/> Disabled (wheelchair accessible) <input type="checkbox"/> Roll-a-way <input type="checkbox"/> Refrigerator <input type="checkbox"/>				
Card Type _____		# _____	Exp. _____	

ROOM #	Last Name	First Name	Last Name	First Name
# 4	1) _____	_____	3) _____	_____
	2) _____	_____	4) _____	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
<b>Special requests:</b> Upgraded room (floors 17-23) <input type="checkbox"/> Disabled (wheelchair accessible) <input type="checkbox"/> Roll-a-way <input type="checkbox"/> Refrigerator <input type="checkbox"/>				
Card Type _____		# _____	Exp. _____	