



Region 12 Convention  
April 22-25, 2010

ROOM ASSIGNMENT FORM

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

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

ADDRESS \_\_\_\_\_

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

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

SATURDAY ARRIVALS

**INSTRUCTIONS:** Please list all rooms arriving on Saturday **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"/> |
| Special requests: 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"/> |
| Special requests: 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"/> |
| Special requests: 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"/> |
| Special requests: 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. _____ |                                  |