



Region 12 Convention
April 22-25, 2010

SUITE ASSIGNMENT FORM

Page ____ of ____

CHAPTER _____ NAME OF CONTACT _____

ADDRESS _____

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

E-MAIL _____

SUITES REQUESTED BY QUARTETS, MEMBERS OR GUESTS

INSTRUCTIONS: Please use this form to reserve any rooms for quartets, members or guests. Every attempt will be made by the Grand Sierra Resort to meet the guest's suite requests based on the availability of the types and number of suites available. List alphabetically by room captain, including all persons in each room, and number consecutively. **The cost of the room goes up by \$20 each for more than two people.** The 2nd Choice may be a regular or upgraded room.

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

ROOM # 1

1st Choice Suite: _____ 2nd Choice Suite: _____

Last Name		First Name		Last Name		First Name	
1)	_____	_____	_____	3)	_____	_____	_____
2)	_____	_____	_____	4)	_____	_____	_____
5)	_____	_____	_____	6)	_____	_____	_____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

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

ROOM # 2

1st Choice Suite: _____ 2nd Choice Suite: _____

Last Name		First Name		Last Name		First Name	
1)	_____	_____	_____	3)	_____	_____	_____
2)	_____	_____	_____	4)	_____	_____	_____
5)	_____	_____	_____	5)	_____	_____	_____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator

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

ROOM # 3

1st Choice Suite: _____ 2nd Choice Suite: _____

Last Name		First Name		Last Name		First Name	
1)	_____	_____	_____	3)	_____	_____	_____
2)	_____	_____	_____	4)	_____	_____	_____
5)	_____	_____	_____	6)	_____	_____	_____

Date of Arrival _____ Date of Departure _____ Smoking

Special requests _____ Roll-a-way Refrigerator