

REGISTRATION AND RESERVATION FORM
 THE AMERICAN LEGION - DEPARTMENT OF VIRGINIA
 SPRING CONFERENCE - MARCH 16 - 18, 2012
 VIRGINIA BEACH RESORT HOTEL AND CONFERENCE CENTER
 2800 SHORE DRIVE, VIRGINIA BEACH, VA 23451

PLEASE READ AND FOLLOW THESE INSTRUCTIONS:

Print or type all data entered on this form and return to the Special Events Committee before February 15, 2012. The registration fee of \$6.00, including persons sharing room, must accompany this form.

YOU MUST BE REGISTERED TO ATTEND ANY FUNCTION OR REQUEST A ROOM.

RESERVATIONS MUST BE MADE THROUGH THE REGISTRATION COMMITTEE: Kenneth Melson 757-340-4508 or email QUESTIONS to: al_2nd_dist_activities_comm@yahoo.com

REGISTRATION - TO ATTEND THE CONFERENCE AND EVENTS:

DISTRICT # _____ LEGION POST # _____ Aux # _____ SAL # _____
 NAME: _____ ADDRESS _____
 CITY/ZIP _____ PHONE _____ EMAIL _____
 (2) NAME _____ LEG _____ AUX _____ SAL _____
 (3) NAME _____ LEG _____ AUX _____ SAL _____
 (4) NAME _____ LEG _____ AUX _____ SAL _____

*** MAKE YOUR CHECK (NOT CREDIT CARD) FOR THE REGISTRATION AND EVENTS AMOUNT PAYABLE TO THE 2ND DISTRICT ACTIVITIES COMMITTEE ***

<u>FEES AND EVENTS</u>	<u>NUMBER ATTENDING</u>	<u>COST PER PERSON</u>	<u>AMOUNT</u>
REGISTRATION FEE	_____	@ \$ 6.00 =	\$ _____
FRIDAY BINGO	_____	@ \$ 5.00 =	\$ _____
SATURDAY BANQUET	_____	@ \$ 35.00 =	\$ _____
SATURDAY DANCE	_____	@ \$ 6.00 =	\$ _____
		TOTAL	\$ _____

HOTEL RESERVATIONS - COMPLETE ONE FORM FOR EACH SUITE REQUESTED.
 RESERVATIONS WILL BE MADE ON A FIRST COME, FIRST SERVE BASIS. *Special request must be in writing.*
 DAILY SUITE RATE: \$ 99.31 (including tax) Check in time is 4:00 PM

HOTEL RESERVATIONS - PERSONAL INFORMATION:

NAME _____ Persons Sharing Room (Below):
 ADDRESS _____ NAME _____
 CITY _____ STATE _____ NAME _____
 ZIP _____ PHONE _____ NAME _____
 ARRIVAL DATE _____ DEPARTURE DATE _____ HANDICAPPED (Y/N) _____ SMOKING (Y/N) _____

TO GUARANTEE SUITES-SEND CHECK PAYABLE TO: *Virginia Beach Resort Hotel* for one night
 OR GUARANTEE BY CREDIT CARD: COMPLETING THE FOLLOWING INFORMATION.

NAME _____ ACCT# _____
 TYPE OF CARD (VISA, MC, AMX ETC) _____ EXP DATE _____
 SIGNATURE _____

CANCELLATIONS - MUST BE MADE 48 hours prior to check in or suite deposit will be forfeited.

MAIL THE COMPLETED FORM AND CHECKS TO:
2nd District Activities Committee, c/o Kenneth Melson, 233 Elon Court, Virginia Beach, VA 23454