



**REGISTRATION AND RESERVATION FORM  
 THE AMERICAN LEGION – THE AMERICAN LEGION AUXILIARY  
 DEPARTMENT OF VIRGINIA SPRING CONFERENCE – MARCH 18-20, 2005  
 VIRGINIA BEACH RESORT HOTEL AND CONFERENCE CENTER  
 2800 Shore Drive, Virginia Beach, VA 23451**

**PLEASE READ AND FOLLOW THESE INSTRUCTIONS:**

Requests for accommodations must be received by February 18, 2005.

The registration fee of \$5.00, including persons sharing room, Juniors, and SALs, must be included.

You must be registered to attend any function.

**RESERVATIONS MUST BE MADE THROUGH THE REGISTRATION COMMITTEE:**

Ken Melson (113) 757-340-4508; Trudy Leinbach (118) 757-464-1173; Clyde Siler (113) 757-461-2084.

**REGISTRATION – TO ATTEND THE CONFERENCE AND EVENTS: (PLEASE TYPE OR PRINT)**

DISTRICT \_\_\_\_\_ POST \_\_\_\_\_ SQDN \_\_\_\_\_ UNIT \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 NAME \_\_\_\_\_ CITY \_\_\_\_\_  
 NAME \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

NOTE: To register additional persons use separate sheet of paper.

<u>EVENTS AND FEES</u>	<u>NO. ATTENDING</u>	<u>COST PER PERSON</u>	<u>AMOUNT</u>
REGISTRATION FEE	_____	\$ 5.00	_____
FRIDAY BINGO	_____	\$ 5.00	_____
SATURDAY BANQUET	_____	\$ 27.00	_____
SATURDAY DANCE	_____	\$ 5.00	_____
		TOTAL	_____

NOTE: Make your check for the total amount payable to the 2<sup>nd</sup> District Special Activities Committee.

**HOTEL RESERVATIONS – COMPLETE ONE FORM FOR EACH TWO-ROOM SUITE REQUESTED.**

Reservations will be made on a first-come, first-serve basis.

SPECIAL REQUESTS MUST BE IN WRITING.

DAILY SUITE RATE: \$90.27 (Includes tax) Check-in time is 4:00 p.m.

NAME \_\_\_\_\_ PERSONS SHARING SUITE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ NAME \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ NAME \_\_\_\_\_  
 ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ NAME \_\_\_\_\_  
 Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Handicapped (Y/N) \_\_\_\_\_ Smoking (Y/N) \_\_\_\_\_

**TO GUARANTEE SUITES – MAKE CHECK payable to Virginia Beach Resort Hotel for one night's deposit or**

**GUARANTEE BY CREDIT CARD by completing the following:**

CREDIT CARD: NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
 TYPE OF CARD (VISA, MC, AMX, ETC.) \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**MAIL COMPLETED FORMS AND CHECKS TO: 2<sup>nd</sup> District Special Activities Committee, P. O. Box 2861, Virginia Beach, Virginia, 23450.**