

REGISTRATION AND RESERVATION FORM
THE AMERICAN LEGION-THE AMERICAN LEGION AUXILIARY-SONS OF THE AMERICAN LEGION – AMERICAN LEGION RIDERS
DEPARTMENT OF VIRGINIA FALL CONFERENCE – OCTOBER 20-22, 2017
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 September 15, 2017.

The registration fee of \$6.00, including persons sharing rooms, Juniors and Sons, must accompany this form.

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

RESERVATIONS MUST BE MADE THROUGH THE REGISTRATION COMMITTEE:
 ALFRED STEWARD (757) 573-3966 or email QUESTIONS to: AL at alfredsteward@aol.com

CONFERENCE
REGISTRATION
NUMBER

REGISTRATION – TO ATTEND THE CONFERENCE AND EVENTS: (PLEASE PRINT CLEARLY)

DISTRICT _____ POST _____ SQDN _____ UNIT _____

Reg Nr: _____ NAME: _____ (LEG/AUX/SAL) ADDRESS _____

Reg Nr: _____ NAME: _____ (LEG/AUX/SAL) CITY _____

Reg Nr: _____ NAME: _____ (LEG/AUX/SAL) STATE _____ ZIP _____ PHONE (____) _____

Reg Nr: _____ NAME: _____ (LEG/AUX/SAL)

NOTE: To register additional persons use separate sheet of paper

	# ATTENDING	COST PER PERSON	AMOUNT
REGISTRATION FEE	_____	\$ 6.00	\$ _____
PLUS EVENTS			
E FRIDAY NIGHT CASINO	_____	\$ 5.00	\$ _____
V SATURDAY BANQUET	_____	\$ 37.00	\$ _____
E SATURDAY DANCE	_____	\$ 6.00	\$ _____
T COMPLETE EVENT PACKAGE	_____	\$ 54.00	\$ _____
S PRIME RIB or FISH _____	_____		\$ _____
TOTAL (REGISTRATION FEE + EVENTS)		\$ _____	

NOTE: Make your check for the events and Registration Fees payable to the **2nd DISTRICT ACTIVITIES COMMITTEE**

HOTEL RESERVATIONS – COMPLETE ONE FORM FOR EACH SUITE REQUESTED
 Reservations will be on a first-come, first-served basis. **SPECIAL REQUESTS MUST BE IN WRITING**
 DAILY RATE \$106.88 per day including tax. Check in time is 4:00 p.m. Free Parking onsite.

Reservations must be made through the Reservation Committee. DO NOT CALL HOTEL!

NAME: _____ ADDRESS _____ EMAIL _____

CITY _____ STATE _____ NAME _____

ZIP _____ PHONE (____) _____ NAME _____

Arrival date: _____ Departure date: _____ Handicapped (Y/N) _____

Accommodations: King Bed _____ Double Bed _____

CONFERENCE
REGISTRATION
NUMBER
RIB or FISH

TO GUARANTEE ROOMS – MAKE SEPARATE CHECK FOR ONE NIGHT'S ROOM RATE PAYABLE TO

VIRGINIA BEACH RESORT HOTEL for one night OR GUARANTEE BY CREDIT CARD by completing the following:

NAME ON CREDIT CARD _____ ACCOUNT # _____

TYPE OF CARD (VISA, MC, AMEX, ETC) _____ EXPIRATION DATE _____

SIGNATURE _____

MAIL COMPLETED FORMS AND CHECKS TO: 2nd District Activities Committee, c/o Al Steward, 4643 Fern Oak Ct., Virginia Beach, VA. 23462.