Kiwanis
CALIFORNIA-NEVADA-HAWAII DISTRICT

Please complete this form and submit, no later than ***Monday, September 30, 2019.***

2019-2020 Trustee Training Conference Reservation Form

October 18-20, 2019

Housing: Best Western Plus Heritage Inn Rancho Cucamonga/Ontario, 8179 Spruce Ave., Rancho Cucamonga, CA 91730
909-466-1111; Training/Meetings: Kiwanis Professional Center, 8360 Red Oak St., Rancho Cucamonga, CA 91730 909-989-1500

Name: _____ Trustee of Region #: _____

Address: _____
(include city, state, and zip)

Preferred Contact Number: _____ E-mail address: _____

Arrival Date: _____ Arrival Time: _____ Departure Date: _____ Departure Time: _____

If you are flying and will need transportation, the Best Western provides a complimentary shuttle from the airport to the hotel and back to the airport. Please call 909-466-1111 a few days prior to your flight to pre-arrange a shuttle reservation.

☐ I am driving and can provide transportation, if needed. How many can you transport? _____

☐ I will attend the training and be housed two to a room with another Trustee of the same gender.

My roommate preference is _____

Private hotel room requested @ $98.00..... = $_____
(Trustees are housed two to a room at the Best Western Plus Heritage Inn Rancho Cucamonga/Ontario–
this option applies only if you prefer your own room or will be sharing with your spouse/guest Friday-Sunday)

Spouse/Guest Name (only if attending): _____

Extra nights lodging @ $98.00 per night ..... = $_____
(Included nights are Friday and Saturday)

☐ I will not need housing at the hotel. ☐ I will be unable to attend.

Meals: Please note, provided meals for Trustees and District Officers during the retreat include Friday dinner and Saturday lunch and dinner. Breakfast is included for those staying at the hotel. Alcoholic beverages during dinner may be purchased on your own. If you choose to bring a spouse/guest, all meals need to be paid for with proper payment. Please indicate below which meals they will attend and we will inform you the cost of the meals. If for some reason you will not be attending an included meal, please indicate which meal below so we may exclude you from the meal count.

☐ I will attend all meals and be included in the meal counts.

Or, please indicate which meals your spouse/guest will be attending or which meals you will not be attending:

_____

If you wish to use your Visa, MC, AMEX or Discover card, please complete the following:
(All applicable sales tax is included in the sales price.)

Total Enclosed = $ _____
Accounting Use Only. 10.675.00

Cardholder Name_____ Signature _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐/☐☐ ☐☐☐☐
Card Number Expiration Date Security Code*

If your **credit card billing** address is different than the address listed above, please include the address on the line below. Thank You.

_____

If you have special dietary, housing or accommodation needs, please explain (i.e. vegetarian meals, handicapped accessible room, late arrival/early departure, etc.): _____

If you prefer to pay by check, please make check payable to and mail a copy of the submitted form to:
Cal-Nev-Ha Kiwanis, 8360 Red Oak St., Suite 201, Rancho Cucamonga, CA 91730 or fax to 909-989-7779.