



NOTE: Please complete this form and submit, with payment where applicable, no later than Monday, April 23, 2018.

2017-2018 Lt. Governor's Training Conference Reservation Form

May 17-20, 2018

Best Western Plus Heritage Inn Rancho Cucamonga/Ontario, 8179 Spruce Ave., Rancho Cucamonga, CA 91730
909-466-1111 and the Kiwanis Professional Center, 8360 Red Oak St., Rancho Cucamonga, CA 91730

Name: _____ Lt. Governor of Division #: _____

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

Preferred Contact Number: _____ E-mail address: _____

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

I am 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](tel: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 Lt. Governor of the same gender.

My roommate preference is _____

Partner attendance (includes Thursday-Sunday hotel, activities and meals) @ \$295.00 = \$ _____

Partner Name: _____

Private hotel room requested @ \$144.00 = \$ _____

(Lt. Governors and trainers are housed two to a room at the Best Western Plus Heritage Inn—this option applies only if you prefer your own room Thursday-Sunday.

Also, do not choose this option if you already chose the partner attendance option.)

Spouse/Guest Name (only if attending): _____

Extra nights lodging @ \$96.00 per night = \$ _____

(Included nights are Thursday, Friday and Saturday)

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

Meals: Please note, provided meals for Lt. Governors and Trainers (and Partners, if you choose that option) during the training include Thursday dinner, Friday lunch and dinner, Saturday lunch and dinner and Sunday lunch. Breakfast is included for those staying at the hotel. 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 you (and/or your partner) 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 Only10.675.00

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.