

2018-2019 Trustee Training Conference Reservation Form

October 19-21, 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:	Irustee of	Region #:
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. (Tr to the airport. Please call 909-466-1111 a few days prior to you		
I am driving and can provide transportation	n, if needed. How many can yo	ou transport?
I will attend the training and be housed two	to a room with another Trustee	e of the same gender.
My roommate preference is		
Private hotel room requested @ \$147.00 (Trustees are housed two to a room at the Best Western Plus It this option applies only if you prefer your own room or will be	Heritage Inn Rancho Cucamonga/Ontari	io-
Spouse/Guest Name (only if attending):		_
Extra nights lodging @ \$98.00 per night(Included nights are Thursday, Friday and Saturday)		= \$
I will not need housing at the hotel.	I will be unable to atter	nd.
Meals: Please note, provided meals for Trustees a dinner, Saturday lunch and dinner and Sunday ludinner is on your own. Alcoholic beverages durin spouse/guest, all meals need to be paid for with pand we will inform you the cost of the meals. If for indicate which meal below so we may exclude your latendary and be included in the Or, please indicate which meals your spouse/guest.	unch. Breakfast is included for t ng dinner may be purchased on proper payment. Please indicate or some reason you will not be a ou from the meal count. e meal counts.	hose staying at the hotel. Thursday your own. If you choose to bring a below which meals they will attend attending an included meal, please
If you wish to use your Visa, MC, AMEX or Discover please complete the following: (All applicable sales tax is included in the sales price.) Cardholder Name	er card, Total Enclosed Accounting Use Only 10.6	H = \$ 575.00 Signature
Card Number	Expiration D	·
If your credit card billing address is different than the address	ss listed above, please include the addre	ss on the line below. Thank You.
If you have special dietary, housing or accommo 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	ne submitted form to:

Cal-Nev-Ha Kiwanis, 8360 Red Oak St., Suite 201, Rancho Cucamonga, CA 91730 or fax to 909-989-7779.