



REGISTRATION & ROOM RESERVATION FORM

Arlington Wreath Laying Ceremony

November 4 - 7, 2010

Thursday - Sunday

Headquarters Hotel

Holiday Inn Rosslyn, Key Bridge

1900 North Fort Myer Drive

Arlington, VA 22209

Hotel Check in Time: 3:00PM



The guest room rate is \$87.00 + \$8.91 tax = \$95.91 per night. A ONE NIGHT'S NON-REFUNDABLE DEPOSIT IS REQUIRED. The Housing Coordinator must receive the completed registration form, NO LATER THAN AUGUST 20, 2010. Forms received after AUGUST 20, 2010, are subject to availability.

Priority will be given to guests staying longer than one day.

A registration check for \$10.00 USD per person must accompany this form. # of People: _____ X \$10.00 = _____
(NON REFUNDABLE)

RETURN COMPLETED ROOM FORM TO:

Raymond E. Coffey
6014 Temple Star Road Ext.
Kingsport, TN 37660

Phone: 423-349-7084
Cell Ph: 423-817-2316
e-mail: recoffey@chartertn.net

If you are arriving by bus, other than through a tour group, and will need a parking permit, inform the Housing Chairman as soon as possible.

Reservations are guaranteed by Credit Card or your Group Coordinator's collective form of guarantee
A Cashiers Check or Money Order is to be made out To: IALOH, Raymond E. Coffey.

***** TO CHARGE INCIDENTALS TO YOUR ROOM & TO HAVE THE PHONE TURNED ON. A CREDIT CARD OR \$50.00 CASH MUST BE GIVEN TO FRONT DESK CLERK UPON ARRIVAL *****

ALL ROOM RESERVATIONS, CANCELLATIONS OR CHANGES IN RESERVATIONS

MUST GO THROUGH THE HOUSING CHAIRMAN, RAYMOND COFFEY

Cut along line

THE HOLIDAY INN IS A NON SMOKING HOTEL.

Please Print

Name: _____ Lady: _____ Shrine Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____ E-Mail: _____

Number of Rooms needed large groups only: _____

Requests for certain rooms or room types are requests only. They are not guaranteed.

Guests will be charged from \$250-\$500 for smoking in non-smoking areas, including rooms.

You may smoke on the balcony if necessary, please close the door so smoke will not come into the room.

Please indicate the type of room preferred by circling your choice below.

(KING BED EXECUTIVE)

(TWO DOUBLE BED TRADITIONAL)

(ONE DOUBLE BED, WHEEL CHAIR ACCESABLE)

Date of Arrival: _____ Date of Departure: _____

Group Coordinators Name: _____ Arrival Time: _____

Credit Card: _____ Cashiers Check: _____ Money Order: _____

Credit Card #: _____ Expiration Date: _____

Please note your expiration date on your credit card. Hotels will not accept card if expiration date is passed.

These are a must to help with Registration and Transportation

Do you require bus transportation to the ceremony? YES: _____ NO: _____

Are you a first time attendee? YES: _____ NO: _____