

**2010 IDE LWML CONVENTION
JUNE 18-19, 2010
THE CLARION CONFERENCE CENTER
HOTEL REGISTRATION FORM**

(Please print clearly)

NAME: _____

ADDRESS: _____ PHONE # _____

CITY: _____ STATE: _____ ZIP _____

DATE OF ARRIVAL: ____ THURS.(17TH) ____ FRIDAY (18TH)

DATE OF DEPARTURE: ____ SATURDAY (19TH)

NO. OF NIGHTS _____

RESERVE: ____ LWML ROOM (S) at \$84.00 Plus Tax (Up To 4 in Room)

CHOOSE BED TYPE: ____ **TWO DOUBLE** ____ **KING**

____ LWML ROOM (S) at \$94.00 Plus Tax

BUSINESS KING/W HIDE-A-BED

(Reservations may be made by either mailing in this form or calling the following local number: Clarion Hotel & conference Center, 563-391-1230)

(Make a copy for your records)

CREDIT CARD RESERVATION INFORMATION:

(Complete if reserving by mail)

Name of Credit Card Company: _____

Account No. _____ Exp. Date _____

To Whom Card is Issued: _____

Your Signature: _____

Send Registration Form to:

Clarion Hotel & Conference Center, 5202 Brady Street, Davenport, IA 52806

Check in time: 3:00 p.m.

Check out time: 12:00 noon