

**2010 DEPARTMENT CONVENTION  
RESERVATION FORM**

July 8-10, 2010  
Ramada Plaza Inn  
400 2<sup>nd</sup> Avenue SW  
South Charleston, West Virginia 25303

**\$77.00** per night room rate (plus tax)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Arrival Date \_\_\_\_\_ AM PM Departure Date \_\_\_\_\_

Room Type: (circle one)    Doubles    King

Smoking Preference: (circle one)    Smoking    Non-Smoking

Handicap Room: (circle one)    wheelchair    oxygen tank    other  
If you circled "other", please explain. \_\_\_\_\_

\*Members with wheelchair disabilities will receive first priority.

**One night's deposit must accompany this request to reserve a room. Any form without a deposit will be returned.**

Enclosed, please find one night's room deposit of **\$77.00** (plus tax)  
(circle one)

check                  cash                  credit card  
# \_\_\_\_\_                  credit card # \_\_\_\_\_  
type \_\_\_\_\_  
expiration date \_\_\_\_\_

Your credit card may be charged for the one night's room deposit.

**Mail to:                  Ramada Plaza Inn  
                                 400 2<sup>nd</sup> Avenue SW  
                                 South Charleston, West Virginia 25303**

**This form must be mailed to reserve a room at Ramada Plaza Inn. (No phone calls for rooms will be accepted.)**

**PLEASE PRE-REGISTER EARLY- THANKS!**