

Date:

This is in preparation for our _____ Assembly.

This information is sent to NYN Convention Coordinator.

I am asking for your rooming needs. Please provide what type of room you will need, including if handicapped accessible is required. I also will need to have the first and last name of any roommates. Please list that information below and include *the check number and amount of check from each roommate* for their share of the room. **PLEASE PRINT LEGIBLY.**

Your name/Position:

(1) Roommate's Name

Amount of check/Check #:

(2) Roommate's Name;

Amount of check/Check #:

(3) Roommate's Name:

Amount of check/Check #:

Special needs for room:

*****Make checks payable to: NYN Area Assembly and send to NYN Area Assembly mailing address. Complete and return by: _____**

Reference first name, last initial of Officer or coordinator you are rooming with.

PLEASE send roommates' payment prior to Assembly