

WASHINGTON AND LEE UNIVERSITY
MOCK CONVENTION SPRING KICKOFF
HONORED GUEST REGISTRATION FORM



Please complete this form and send it to Mock Convention at P.O. Box 4507, Lexington, VA 24450. If you have any questions or concerns please contact Jane Lee, Accommodations Chair, at leejj@wlu.edu or (515) 201-2144.

Name: _____ Preferred Name for Badge: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ E-Mail Address: _____

Number in Party: _____ Names of Guests for Badges: _____

OVERNIGHT ACCOMMODATIONS

? *If We shall attend but DO NOT need hotel accommodations.*

? *If We need hotel accommodations for the following nights (please circle nights needed):*

Thursday—May 24

Friday—May 25

Saturday—May 26

Sunday—May 27

Number of Rooms: _____

Please circle preferences:

Smoking

Non-Smoking / One Bed

Two Beds

Special Accommodations: _____