

HOUSING ASSOCIATION OF MISSISSIPPI, INC.
BEAU RIVAGE HOTEL & COVENTION REGISTRATION FORM
BILOXI, MISSISSIPPI
OCTOBER 24, 25, 26, 2017

MANAGEMENT COMPANY NAME

CONTACT PERSON AND PHONE #

ARRIVAL DATE _____ DEPARTURE DATE _____

PLEASE PRINT & MAKE ADDITIONAL COPIES AS NECESSARY - CIRCLE (K) OR (D) FOR King OR DOUBLE BED

ATTENDEE ROOM RESERVATION	ATTENDEE ROOM SHARE	GUEST	
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	K D \$ _____
_____	_____	_____	TOTAL - \$ _____

PLEASE INDICATE BY ASTERISK* YOUR MAINTENANCE PERSONS LISTED