



FAMILY AND FRIENDS LODGING AND MEALS

NATIONAL VETERANS CREATIVE ARTS FESTIVAL DEADLINE: _____

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

All Festival participants, support staff, and volunteers will be staying at the _____.
Rooms will be available at this hotel for family and friends of Festival participants. If you wish to stay at the Sheraton Gunter Hotel, you must fill out this form, include payment, and return it to the _____
by _____.

INFORMATION ON FAMILY MEMBER/FRIEND (Please print all information)

NAME (Last, First, MI)	TELEPHONE NUMBER 2 (Include area code)	TELEPHONE NUMBER 1 (Include area code)
FAMILY/FRIEND OF A: <input type="checkbox"/> VETERAN PARTICIPANT <input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> OTHER _____	ADDRESS (Street, City, State and Zip Code)	RELATIONSHIP TO VETERAN/ STAFF/OTHER (Specify, i.e. spouse, caregiver, sister, friend, etc.)

Air Transportation Information

AIR ARRIVAL INFORMATION

DATE	TIME	AIRLINE	FLIGHT NUMBER
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AIR DEPARTURE INFORMATION

DATE	TIME	AIRLINE	FLIGHT NUMBER
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IF ROOMING WITH A PARTICIPANT, PLEASE CHECK ONE PARTICIPANTS NAME: _____

<input type="checkbox"/> ROOM WITH ONE KING BED @ \$63.50/NIGHT	<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$68.50/NIGHT (Triple occupancy)
<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$63.50/NIGHT	<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$73.50/NIGHT (Quadruple occupancy)

IF **NOT** ROOMING WITH A PARTICIPANT, PLEASE CHECK BELOW

<input type="checkbox"/> ROOM WITH ONE KING BED @ \$117.00/NIGHT (Single occupancy)	<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$127.00/NIGHT (Double occupancy)
<input type="checkbox"/> ROOM WITH ONE KING BED @ \$127.00/NIGHT (Double occupancy)	<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$137.00/NIGHT (Triple occupancy)
<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$117.00/NIGHT (Single occupancy)	<input type="checkbox"/> ROOM WITH TWO DOUBLE BEDS @ \$147.00/NIGHT (Quadruple occupancy)

PLEASE CHECK THE NIGHTS YOU ARE PLANNING TO STAY

_____ _____ _____ _____ _____ _____ _____ _____

Lodging Payment Options

I am including a check or money order payable to the Dept. of Veterans Affairs _____

(Please send payment with this completed form.) **Note: Separate checks are required for lodging and meals.**

Upon receipt of payment, the Festival organizing committee will make your lodging reservation for the dates you have indicated on the previous page.

I intend to pay for my lodging costs via credit card and will present my credit card to the hotel upon check-in.

Please include my name on the Festival master lodging list. I understand that my room will be reserved for the dates that I have indicated on the previous page, that I will receive the special Festival lodging rate, and I will not need to contact the hotel to make my reservation.

Meal Plans

Meal plans can be purchased upon arrival or may be purchased in advance by sending a check payable to: Dept. of Veterans Affairs _____ . This form must accompany payment.

**When plated (not buffet) meals are served, my preference is: MEAT VEGETARIAN

I wish to purchase *(Select only one among options A, B, or C)*

PLAN A \$370 (6 Dinners, 5 lunches, and 7 breakfasts) DOES NOT INCLUDE CLOSING BANQUET

PLAN B \$225 (4 Dinners, 3 lunches, and 4 breakfasts) DOES NOT INCLUDE CLOSING BANQUET

PLAN C \$110 (2 Dinners, 1 lunch, and 3 breakfasts) DOES NOT INCLUDE CLOSING BANQUET

If you plan to attend the Closing Banquet & Ceremonies on Sunday, _____, check the box below and add \$25 to your meal plan payment.

\$25 CLOSING BANQUET & CEREMONIES TICKET ON _____

Please submit the completed Family & Friends Lodging & Meals form by _____ to:

LINDA ZAIONTZ, HOST SITE COORDINATOR (11K)
SOUTH TEXAS VETERANS HEALTH CARE SYSTEM
7400 MERTON MINTER BLVD.
SAN ANTONIO, TX 78229
PHONE: (210) 617-5125
FAX: (210) 617-5276