

**ILLINOIS STATE USBC WBA
MEMORANDUM**

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IS YOUR ASSOCIATION INTERESTED IN HOSTING AN ILLINOIS USBC WBA WORKSHOP?

IF THE ANSWER IS YES, WE WOULD LIKE TO KNOW THE FACILITIES YOU HAVE FOR HOSTING THE WORKSHOP.

PLEASE COMPLETE THE FOLLOWING INFORMATION.

ASSOCIATION NAME: _____

NAME OF PERSON SUBMITTING THE FORM: _____

THIS YEAR? _____ ANY YEAR? _____

DO YOU HAVE A PLACE TO HOLD THE WORKSHOP THAT WILL SEAT 150 OR MORE PEOPLE COMFORTABLY?? YES _____ NO _____

IS THE ROOM AIR CONDITIONED? YES _____ NO _____

DO THEY HAVE A GOOD P.A. SYSTEM? YES _____ NO _____

DO THEY HAVE A PODIUM? YES _____ NO _____

WILL THEY SERVE LUNCH? YES _____ NO _____

TYPE OF LUNCH?? BUFFET _____ SIT DOWN _____

CATERED LUNCH?? YES _____ NO _____

COST OF LUNCH????? \$ _____ PER PERSON

NAME OF PLACE _____

ADDRESS _____

TELEPHONE NUMBER (_____) _____

(OVER) PLEASE COMPLETE OTHER SIDE

MOTEL ACCOMMODATIONS NEARBY (SUCH AS RAMADA INN, HOLIDAY INN, DAYS INN,)
CLEAN YES _____ NO _____

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

TELE PHONE NUMBER:(_____) _____