

**2011 Annual Convention
"Celebrating Heroes"**

The amenities will entice you, the value will convince you.

The Chaparral Suites Resort located in the heart of Scottsdale, is only minutes from the best that Scottsdale has to offer, Fashion Square Mall, which is very upscale, Native American and Southwestern curio shops, art galleries and casinos.

**Executive Board Meeting 17 Aug
Board of Directors Meeting 18 Aug
Convention 17 Aug – 22 Aug**

Location: Chaparral Suites Resort
5001 N Scottsdale Rd.
Scottsdale, AZ 85250
www.chaparralsuites.com

Reservations: 1-800-528-1456

Reservation Code: 6896

Please be sure to call this number when making your reservation and refer to Women's Army Corps Veterans' Association (hereafter referred to as *WACVETS*) to secure this special rate.

Check-in time is 3:00 PM. Check-out time is 12:00 Noon.

Standard Suite Rates: 1 or 2 persons: \$89.00 (with tax: **\$102.28**); 3 persons: \$104.00 (with tax: **\$119.52**); 4 persons: \$119.99 (with tax: **\$137.89**).

VIP1 (1 bedroom) \$169 (with tax: **\$194.21**) or VIP2 (2 bedrooms) Suites: \$199 (with tax: **\$228.69**) single/double occupancy. There is a limited quantity of these upgraded suites so reservations are based on a first come first serve basis.

Group rates are effective seven (3) days before and seven (3) days after contracted dates, subject to availability.

Complimentary signature amenities include a cooked-to-order breakfast daily and nightly two hour reception that includes beer, wine, well drinks, and sodas, both offered in our Clubhouse. They also offer complimentary individual airport transportation.

Each suite has a private bedroom and spacious living room. Every suite features many extras such as two vanities, hair dryer, iron/ironing board, 2 remote controlled TV's, microwave oven, refrigerator, voice messaging, complimentary high speed internet access, in-room movies, and coffee makers.

Step directly from your suite into the Arizona sunshine, in surroundings of cool fountains, lush vegetation and sparkling pools. Without leaving the grounds, you can play tennis, swim in one of the two oversized pools, and enjoy a whirlpool or workout in the fitness center.

On site services include a 24 hour business center, laundry, valet, concierge, poolside service and room service. A car rental desk and Gift Shop are located in the lobby. Tempt your palate with American or Continental cuisine in the onsite restaurant. We will arrange for a shuttle to Casino Arizona which is approx two miles from the Resort.

**2011 Annual Convention
Hotel Reservations Online**

Making Reservations

Here is the shortcut for web bookings for the WACVA 2011 Annual Convention:

https://reservations.ihotelier.com/crs/g_reservation.cfm?groupID=540383&hotelID=6060

Tokey Street
Reservation Manger
Chaparral Suites Resort

***Women's Army Corps Veterans Association Inter Organizational Memorandum*
WACVA 2011 Convention Committees**

Staff:

Chairperson:	Sue Wudy
Catering	Eldora Engebretson
Credentials:	Joe Ann Gayton & Carol Gomez
Mailings	Martha McBroom
Registration:	Suzanne LaRocca
Secretary:	

Committees:

Airlines discount	Michelle Busch
Convention Book: (Advertisements, Agenda, Rules of Convention, etc.)	
Emergency Aid	
Hospitality:	Chapter 62
Raffle	Lizette Rhone Chapter 1
Tours	Jeannette Davis

Dinners:

Company Party	Lynnise Moore Chapter 95
Pallas Athene Luncheon	Darlene Hemmingsen Chapter 3
President's Luncheon	Eldora Engebretson Chapter 119

Women's Army Corps Veterans Association Inter Organizational Memorandum

FROM: Chapter (Name & No.) _____ Date: _____

TO: WACVA 2011 Convention Registration Chair & National Treasurer
Suzanne LaRocca CPA
P.O. Box 5577
Fort McClellan, AL 36205

CC: 2011 Convention Credentials Chairperson Joe Ann Gayton
11259 Marion St
Northglenn CO 80233

National Corresponding Secretary Lorna Perrigo
825 Poplar Ave West
Sacramento, CA 95691

SUBJECT: Chapter Delegates to Annual Convention

Delegates to Annual Convention

Name of Chapter President (for current year ending 30 June): _____

Chapter President **WILL:** _____ **WILL NOT:** _____ attend in her capacity as a National Officer or Standing Committee Chairperson. If the Chapter President will not attend the convention, or will be attending in her capacity as a National Officer or Standing Committee Chairperson, the following **Chapter member is named as Chapter President Representative:**

CHAPTER DELEGATES	CHAPTER ALTERNATES
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

***Note: INDICATE IF THE DELEGATE OR ALTERNATE IS TO HAVE A PROXY VOTE. Remember the cost of each proxy vote is \$10.00**

Signed Chapter President or Secretary (specify which): _____

Women's Army Corps Veterans Association Inter Organizational Memorandum

FROM: Name of Delegate: _____ Date: _____
Chapter Name: _____ Number: _____

TO: WACVA 2011 Convention Registration Chair & National Treasurer
Suzanne LaRocca CPA
P.O. Box 5577
Fort McClellan, AL 36205

CC: 2011 Convention Credentials Chairperson Joe Ann Gayton
11259 Marion St
Northglenn CO 80233

National Corresponding Secretary Lorna Perrigo
825 Poplar Ave West
Sacramento, CA 95691

SUBJECT: Proxy Authorization

Proxy

Please be advised that: _____ Delegate
(Name of person **NOT** attending convention)

From Chapter Name: _____ Number: _____

In City: _____ State _____

at the Annual Convention of the Women's Army Corps Veterans Association scheduled to be held at the Chaparral Suites Resort in: Scottsdale, AZ hereby appoint the following as my Proxy, to vote and act in my name at all meetings and on all matters where authorized by the National Bylaws, with the same effect as if I were personally present.

Appointed member holding Proxy: _____
(Name of person attending convention)

Proxy Holder will be attending the convention as a:

Chapter Delegate: _____

Chapter President or her Representative: _____

National Officer or National Standing Committee Chairperson from my Chapter: _____

I hereby revoke any Proxy or Proxies heretofore given by me to any person.

Signed: _____ Date: _____

Send \$10.00 Proxy payment with registration to:
WACVA 2011 Convention Registration Chair & National Treasurer Suzanne LaRocca CPA

WACVA 2011 Convention Registration Form

Name: _____ Name in Service: _____

Address: _____
Street City State & Zip

Email address: _____ Phone No. _____

Provide Chapter # : _____ or specify MAL: _____

I will be participating as a member of the Honor Guard _____

Check only ONE of the following: I am attending the 2011 Convention as a:

National Officer: _____ Title: _____

Natl. Standing Committee Chair: _____ Committee Name: _____

Captain of the Honor Guard:..... _____

Chapter President: _____ If Chapter President's Representative check here: _____

Chapter Delegate: _____ If this is a PROXY VOTE check here: _____

Chapter Alternate: _____

Chapter Member: _____

Member-at-Large Delegate: _____ If Chairperson of MAL delegation check here: _____

NOTES: If you hold two offices, i.e., Chapter President and National Standing Committee Chairperson, you are entitled to **ONLY ONE VOTE** and should **check ONLY the box for the position in which you will be voting**. Temporary Chapter President & Delegates do vote.

Fifteen dollars (\$15.00) Registration fee must accompany this form. Please write only one check for the registration fee and social events.

Ten dollars (\$10.00) Fee for PROXY VOTE must accompany this form and be included with the registration fee and cost of social events. Proxies can be held by National Officers, Standing Committee Chairperson, Chapter President, or Chapter Delegate.

Make checks for total amount payable to: "WACVA 2011 CONVENTION FUND"

Mail check with Registration Form, Social Events Reservation Form and Emergency Information Form to
WACVA 2011 Convention Registration Chair & National Treasurer
Suzanne LaRocca CPA
P.O. Box 5577
Fort McClellan, AL 36205

REGISTRATION FORMS WILL NOT BE PROCESSED WITHOUT REGISTRATION FEE.

DEADLINE FOR RECEIPT OF REGISTRATION & SOCIAL EVENT RESERVATIONS IS: 1 JULY 2011

Cancellation policy: Deadline for cancellation to obtain full refund is 20 July 2011. Please mail your Registration and Social Events Reservations as early as possible. Don't forget to complete and enclose your Emergency Information Form.

Delegate information from Chapter President or 2nd Vice President

Number of authorized Delegates based on Chapter Membership: _____

Number of delegates attending: _____

Number of proxy votes carried by delegates: _____

Signature of Chapter President or 2nd Vice President _____

If you are entitled to reimbursement from National as a National Officer; Standing Committee Chair; or participating Honor Guard member submit request through proper channels to the National treasurer. If you are Chapter member entitled to reimbursement by your Chapter, submit your request to your Chapter.

WACVA 2011 Convention Guest Registration Form

Honorary Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Email address: _____ Phone No. _____

Honorary Member: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Mother of Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Mother: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Daughter of Member if Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Daughter: _____

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Guest of Member Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Guest of Member Attending

Name: _____ Name of WACVA Member: _____

Guest's Address: _____
Street City State & Zip

Meals will be attended: Fri: _____ Sat: _____ Sun: _____

Be sure to include meal selections and payment for your guests with your registration.

There is no registration fee for Affiliate & Honorary Members, or Guests.

WACVA Emergency Information Form

Member's Name: _____ Chapter Number or MAL: _____

IN CASE OF EMERGENCY NOTIFY:

Primary contact

Name: _____ Relationship: _____
Phone Number _____

Address: _____
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: _____ Relationship: _____
Phone Number _____

Address: _____
Street City State & Zip

Are you allergic to any medications? YES: _____ NO: _____

If yes please specify: _____

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: _____ Allergies including food: _____

Diabetic: _____ Other: _____

WACVA Guest Emergency Information Form (please make additional copies if necessary)

Guest's Name: _____ Guest of: _____

IN CASE OF EMERGENCY NOTIFY:

Primary contact

Name: _____ Relationship: _____
Phone Number _____

Address: _____
Street City State & Zip

If unable to contact person above, please give name, phone number, address and relationship of an alternate contact.

Alternate contact

Name: _____ Relationship: _____
Phone Number _____

Address: _____
Street City State & Zip

Are you allergic to any medications? YES: _____ NO: _____

If yes please specify: _____

If you have any medical problems that we should be aware of in case of emergency, please indicate here:

Asthmatic: _____ Allergies including food: _____

Diabetic: _____ Other: _____

WACVA 2011 Convention Social Reservations Form

Name: _____

Check only one plus visitor: Chapter #: _____ MAL: _____

Visitor: _____ Visitors name(s): _____

	<u>Qty.</u>	<u>Total</u>
Company Party (Fri. Evening 19 Aug)		
Cornish Hen (\$45.00)	_____	\$ _____
French style Center Cut Pork Chop (\$50.00)	_____	\$ _____
Vegetarian Lasagna (\$48.00)	_____	\$ _____
Pallas Athene Luncheon Sat. 21 Aug		
London Broil (\$36.00)	_____	\$ _____
Southwest Salmon (\$38.00)	_____	\$ _____
Vegetarian Angle Hair Pasta (\$34.00)	_____	\$ _____
President's Luncheon Sun 22 Aug		
Cobb Salad (Blue Cheese on side) (\$31.00)	_____	\$ _____
Italian Salad (\$31.00)	_____	\$ _____
Vegetarian Wrapper (\$31.00)	_____	\$ _____
Registration Fee must be paid by all members attending	\$15.00	\$ _____
PROXY vote for Chapter member (if you carry a proxy)	each at \$10.00	\$ _____
Date forwarded: _____	Total Enclosed:	\$ _____

Make checks for total amount payable to: "WACVA 2011 CONVENTION FUND"

Mail check with Registration Form, Social Events Reservation Form and Emergency Information Form to:

WACVA 2011 Convention Registration Chairperson & National Treasurer
Suzanne LaRocca CPA
12213 E Zimmerly Court
Wichita, KS 67207-6579

Registration Checklist Have you prepared and included:

- _____ Registration Form
- _____ Social Reservation Form (including guests if applicable)
- _____ Proxy Authorization Memorandum (if applicable)
- _____ Emergency Information Form (including forms for guests if applicable)
- _____ Check for total due

On Thursday 18 Aug Chaparral Suites Resort will offer the following menu for lunch. For the convenience of those attending the Board of Directors meeting they will set up a food service and tables just outside the meeting area where you will be able to purchase the following items.

Cash Sales Menu

Assorted Sandwiches @ \$5.00 each:
To include turkey, ham
And vegetarian sandwiches

Assorted Pizza Slices @ \$2.50 per slice:
To include pepperoni, vegetarian
And cheese pizza

Individual Garden Salads @ \$2.50 each

Individual Marinated Pasta Salad @ \$2.50 each

Individual Bags of Potato Chips @ \$1.50 each

Fresh Whole Fruit @ \$1.75 each

Cookies & Brownies @ \$1.50 each

Assorted Soft Drinks @ \$3.00 each

Bottled Water @ \$3.50 each

Assorted Bottled Juices @ \$4.00 each

PACKAGES:

Sandwich Packages @ \$9.50 each
To include: choice of sandwich, side and beverage

Pizza Package @ \$7.50 each
To include: choice of pizza slice, side and beverage

Salad Package @ \$7.50 each
To include: salad, side and beverage

Note: All prices are inclusive of tax and gratuity

WACVA 2011 Convention Advertising Order Form

Please make SEPARATE check for your black and white ad payable to WACVA 2011 CONVENTION FUND. Send to:

WACVA 2011 Convention Registration Chair & National Treasurer
Suzanne LaRocca CPA
P.O. Box 5577
Fort McClellan, AL 36205

Deadline is 30 Jun 2011

Check in space provided for desired size of advertisement.

A. Large Ads for chapters, business, or individuals:

_____ Full Page (\$100)

[4 7/8" W X 8" H]

_____ Half Page (\$50)

[4 7/8" W X 3 7/8" H]

B. For chapters, business:

_____ Quarter Page Vertical (\$25)

_____ Quarter Page Horizontal (\$25)

C. For individuals only:

_____ E-Mail Address (\$5)

_____ Personal Business Card (\$15)

Copy to read (or attach separate sheet containing text or artwork)

Submitting Chapter's Number _____ or name of individual _____

Address of Chapter or individual submitting:

Address: _____
Street City State & Zip