

NAIW 69TH ANNUAL NATIONAL
CONVENTION DIETARY REQUEST:



ONLY FOR DIABETICS, FOOD ALLERGIES OR A NOTE FROM A DOCTOR.

Due to the increasing number of people on various diets, the hotel cannot accommodate everyone's individual diet needs and therefore require that only persons with severe medical conditions complete this form.

PLEASE NOTE: *We cannot guarantee any special requests if the hotel requires, we will ask for a note from your doctor.*

Name: _____

Member Number: _____ Region: _____

Please check one of the following options:

- Dairy Allergy
- Shellfish Allergy
- Vegetarian
- Nuts specify which kind: _____
- Eggs
- Fruits specify which kind: _____
- Vegetables specify which kind: _____
- Lactose Intolerant (Milk, cheeses, yogurt, ice cream etc)
- Other _____

PLEASE FAX THIS COMPLETED FORM TO Amy Dane NO LATER THAN MAY 21, 2009 TO (918) 294-3711.

IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL Amy at conventions@naiw.org

***ANYONE WHO SUBMITS THIS FORM WILL RECEIVE A SPECIAL DIETARY CARD IN THEIR REGISTRATION PACKET—PLEASE BRING THIS CARD WITH YOU TO ALL MEAL FUNCTIONS AND PLACE IT AT YOUR SEAT SO THE FOOD AND BEVERAGE SERVERS ARE AWARE AND WILL SERVE ACCORDINGLY.**