

**REGION IV 67th ANNUAL CONFERENCE
DIETARY REQUEST**



ONLY FOR DIABETICS, FOOD ALLERGIES OR 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, persons with severe medical conditions are required to complete this form.

PLEASE NOTE: We cannot guarantee any special request; the hotel may require a note from your doctor.

Name: _____

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 SHARON JUDE NO LATER THAN MARCH 1, 2012 TO
(317) 554-8551**

IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL Sharon at sjude@arlingtonroe.com

***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.**