SOLACON ROOM RESERVATION

Please reserve for me a room as checked below for nights of:

Aug. 29 ☐ Aug. 30 ☐ Aug. 31 ☐ Sept. 1 ☐

Time of arrival _____ No. in party _____

Single room	$ 5.00 ☐	$ 6.50 ☐	$ 8.00 ☐
Double room	6.50 ☐	8.00 ☐	10.00 ☐
Twin beds	8.00 ☐	9.00 ☐	10.50 ☐

Will also need: Cot for extra guest ☐ Baby crib ☐

Room will be shared by _____

Name _____ Sex _____

Address _____

Club affiliations _____

Postage Will be Paid by Addressee

No Postage Stamp Necessary If Mailed in the United States

BUSINESS REPLY ENVELOPE

FIRST CLASS PERMIT No. 20459, LOS ANGELES, CALIFORNIA

Alexandria Hotel

Fifth at Spring

Los Angeles 13, California