

**WASHINGTON, DC FLY-IN
MARCH 17-20, 2012**

NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

HOTEL
HOMWOOD SUITES BY HILTON
1475 Massachusetts Avenue, NW
Washington, DC 20005

Do you want to share a room? YES NO (circle one)

Do you want us to pair you up with someone? YES NO

POSSIBLE ROOM MATES: _____

HOTEL COST PER DAY: SINGLE and DOUBLE \$269. (Plus tax)

NUMBER OF HOTEL NIGHTS: _____

(Please provide your Credit Card number in order for us to hold your room)

CREDIT CARD NUMBER: _____ **Exp:** _____

VISA - MASTER CARD - DISCOVER - AMERICAN EXPRESS
(circle one)

****\$100 REGISTRATION FEE****

This will cover the cost for Breakfast and PM Break on Sunday, Breakfast, Lunch and Dinner on Monday, and Breakfast and Dinner on Tuesday.

**Please send this form with your payment ASAP to the ACSA office.
Rooms are blocked - but are LIMITED.**

Fax: 517-351-1363

Phone: 517-351-4362

ACSA, 271 Woodland Pass, Ste. 216, East Lansing, MI 48823