

**WASHINGTON, DC FLY-IN
APRIL 20-23 2013**

NAME: _____

ADDRESS: _____

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

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____ **Time of Departure:** _____

HOTEL
HOMewood 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/Double/Triple/Quad \$285. (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