



Warmly Welcomes the
Michigan Association for Adult & Continuing Education

March 18 - 19, 2010

	Arrival Date	Departure Date		Rate
Name _____	_____	_____		(Rates are subject to 6% state tax and 6% assessment)
Share with Name (s) * _____	_____	_____	Single	\$99.00
_____	_____	_____	Double	\$99.00

Address _____

ROOM TYPE REQUESTED

(If room type requested is not available, next available room type will be confirmed)

City / State _____

All rooms are non-smoking

ZIP Code _____

King Bed

2 Double Beds

Telephone # _____

RESERVATIONS MUST BE RECEIVED BY: Friday, February 26, 2010

(Reservations received after this date are subject to availability and may not be available at group rate)

Please fill out entire form and return. Reservations must be accompanied by first nights deposit or use your American Express, VISA, MasterCard, Carte Blanche, Diner's Club, or Discover Card. If paying by Purchase Order # please contact our Accounting office at (517) 323-7100 to set up direct billing. If your organization is exempt from state tax an exempt letter must be presented at check-in.

Card Type _____ Card Number _____ Expiration Date _____

Check Enclosed Signature _____

Return form to the Lexington Lansing Hotel, Reservations Department (Fold form in half and mail)

925 SOUTH CREYTS ROAD, LANSING, MI 48917