



Michigan Health Information Management Assn. May 15-18, 2012

Arrival Date _____ Departure Date _____

ROOM RATE: \$119.00 single/double

**rates are subject to current state and local taxes*

Room Type Requested: _____ Two Double Beds (all double rooms have refrigerators) _____ King Bed

_____ Handicap Accessible _____ Signature Upgrade (\$20.00 additional)

(Please note that if requested room type is not available the next available room type will be confirmed).

Please reserve accommodations for:

NAME: _____

Share with name: _____

Address: _____

City _____ State _____ Zip Code: _____

Telephone Number _____

Email address _____

Fax _____

ALL RESERVATIONS MUST BE RECEIVED PRIOR TO: April 20, 2012

Reservation requests received by the hotel after April 20, 2012 are subject to availability and will no longer qualify for the preferred group rate.

Please complete the entire form, including credit card information and return it via FAX or MAIL. Due to PCI compliance regulations **no emails will be accepted**. Valid credit card including name (as it appears on your card), card number and expiration date is required.

****Please note: Credit Card NOT charged when the hotel receives this form.***

Card Type: () Visa () MasterCard () Discover () American Express

Card Number: _____ Expiration Date: _____

Card Holder Name: _____

Authorized Signature: _____

Return form to:
Lexington Lansing Hotel
Attn: Reservations Department
925 S. Creyts Road, Lansing, MI 48917
Fax: 517-323-3570