

Hotel Registration Form

Midwest Regional Rally 2008

Feb 29 & March 1

** Please mail checks and completed forms to:

Attn: Debby Sumwalt
 ASABE - MRR
 460 Henry Mall
 Madison, WI 53706

Cost: \$92 per room/night*

* based on 4 person occupancy

* Make Checks Payable to:

ASABE

Reps. Name: _____

Address: _____

Grade: _____

City, St, zip: _____

University: _____

Phone: _____

Email: _____

		Name	Phone Numbers	Arrival Date	Departure Date
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				
Room Contact					
	Roomate 1				
	Roomate 2				
	Roomate 3				

Note: Please fill out 1 per chapter and return with individual registration forms attached