



REGISTRATION FORM
MDOT/ACEC PARTNERING WORKSHOP
FEBRUARY 4, 2010
Lansing Center

Name(s): _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

NOTE: Please indicate your choice of breakouts (1-17) to help determine room size for each. 1st choice _____ 2nd choice _____ 3rd choice _____

Cost: Members: \$200 per person; Non-member: \$350 per person
(includes continental breakfast, lunch, breaks)

Total enclosed: \$ _____

Payment Method (*please check one*): _____ Check _____ Visa _____ Mastercard

Name on Card: _____

Card Number: _____ Expiration: _____

Please make your check payable to ACEC/MI and mail with your registration form to: ACEC of Michigan, Attn: Cindy Schmitz, PO Box 19189, Lansing, MI 48901-9189 or fax registration form with credit card information to (517) 332-4333 by January 22, 2010. *Cancellations must be received by January 29, 2010 to receive a refund. Registrations are transferable.*

NOTE: The Radisson Hotel at 111 N. Grand Avenue, Lansing (517) 482-0188 is adjacent to the Lansing Center for convenient lodging.

Parking is available for this event **behind and under the Lansing Center** (enter off of Cedar Street).