

Faculty Hotel Room Request Form

Name: _____

Check-In Date: _____

Comments or Special Requests (non-smoking room/bed size/room location, additional guests, etc.):

Hotel reservations will be made at the Headquarter Hotel/Meeting Location:

Loews Atlanta Hotel 1065 Peachtree Street NE Atlanta, Georgia, 30309

Please return completed form by e-mailing it to <u>education@asccp.org</u> or by faxing it to 240-575-9880.