

**HOLIDAY INN EXPRESS -
MILLEDGEVILLE REGISTRATION FORM**

Phone Number (478) 454-9000

Fax Number (478) 454-9001

**Mailing Address: 1839 N. Columbia Street
Milledgeville, GA 31061**

**GEORGIA ORNITHOLOGICAL SOCIETY SPRING MEETING
April 23-25, 2004**

Name: _____

Phone: _____

Address: _____

RESERVATION CUTOFF DATE FOR GROUP RATE IS APRIL 12TH.

No. of Rooms _____ **Non-Smoking** _____ **Smoking** _____

Arrival Date: _____

Departure Date: _____

Room Rate \$55.00 per night plus taxes. If phoning in or faxing your reservation, please indicate that you are with GOS in order to get this rate.

Cancellations must be made 24 hours in advance.

Credit Card Type: _____

Number: _____

Expiration Date: _____

Signature: _____