

**PARTICIPANT CONFIRMATION FORM
LAX CHRYSLER/CLCI
ELECTED OFFICIALS TRAINING ACADEMY
March 6, 7 & 8, 2008**

All participants will be selected on a first come first served basis

PLEASE FAX BACK TO (323)664-7222

Lisa Baca-Sigala CLCI Program Manager

For info (323)660-7234

NAME: _____ EMAIL: _____

COUNCIL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ CA., ZIP: _____

CONTACT PERSON: _____ PHONE(_____) _____

_____ **YES**, I will participate with the March 6, 7 & 8, 2008 LAX Academy. I have selected the following room accommodations at The Doubletree Hotel LAX, 1985 Grand Avenue, El Segundo, CA 90245 (310) 323-0999.

(PLEASE CHECK ONE)

_____ I will share a double room with another Academy participant and not pay any cost for my room accommodations.

_____ I would like to have my own room and **will pay the \$130 per night fee.** Enclosed please find my credit card information to reserve my private room.

_____ **NO**, I can not participate at this time please keep me on your list.

=====
Credit Card Holder's Name _____

Card Number _____ Exp Date _____

_____ VISA _____ AMEX _____ MASTER CARD

_____ Other _____

Please note: With your signature below, you acknowledge the responsibility of payment.

DATE: _____

Name (Signature) _____

Name (Print)