

**Holiday Inn Capitol
550 C Street SW
Washington DC 20024-2594**

Phone 202-479-4000

Fax 202-488-4627

*The Holiday Inn Capitol is pleased you will be staying during the upcoming AIARD Annual Meeting.
The staff looks forward to serving you in the fine Holiday Inn tradition.*

RESERVATION REQUEST

To make your reservation, please do one of the following:

- 1) Complete this form, enclose a check covering the first night's stay, including taxes, and mail to the above address.

OR
- 2) Complete this form, including the entire credit card portion for one of the following cards: AMERICAN EXPRESS, DINERS CLUB, VISA, DISCOVER, CARTE BLANCHE OR MASTER CARD. Don't forget the expiration date and your signature. FAX this form to: Reservations Office at 202-488-4627.

OR
- 3) Call in your reservation at 202-479-4000. Be sure to tell them you are with the Association for International Agriculture and Rural Development. We have a block of rooms reserved at the reduced government rate. Have your credit card information handy.

OR
- 4) E-Mail your reservation request. Be sure to tell them you are with the Association for International Agriculture and Rural Development and that we have a block of rooms reserved at the reduced government rate. They will e-mail you back with a confirmation number. Send your e-mail to: hicres@aol.com

The Holiday Inn Capitol cannot accept any reservation without one of the above.

Deposits will be refunded only if cancellation notification is given prior to 3:00 p.m. EDT 24 hours prior to day of scheduled arrival.

NAME (print) _____

ADDRESS _____

<p>Association for International Agriculture and Rural Development</p> <p>40th Annual Meeting June 6-8, 2004 Single/Double: \$154.00 (plus tax)</p> <p>Any reservations received after May 15, 2004 will be subject to availability at regular rate.</p>

CITY _____ STATE _____ ZIP _____

For Arrival on _____ Depart on _____
(Day) (Date) (Day) (Date)

Phone: Day _____ Home _____

Name(s) of person(s) sharing accommodations _____

___ Check Enclosed in the amount of \$ _____

___ Credit Card Payment in the amount \$ _____

Expiration Date _____ Credit Card # _____

Type of Card (see #2 above) _____

I authorize the Holiday Inn Capitol to charge my account for one night's room rate if I fail to come or cancel my reservation in advance.

SIGNATURE _____

If you provide a fax number, a confirmation will be faxed to you. Your Fax # _____

Rooms may not be available for check-in until after 3:00 p.m.

Check out time is 12:00 Noon.