

**GMEA IN SERVICE CONFERENCE
JANUARY 26-28, 2012
HOUSING REQUEST FORM**

**Please use this form. Do not substitute one of your own.
Please return this form to Brandie Barbee no later than November 1, 2011
GMEA · 218 Willis Dr. · Stockbridge, GA 30281**

Each division is entitled to four room nights for clinicians plus four for the division chair. The GMEA Office will make the reservation at a property of their choosing and will notify each person of that hotel assignment. Total room nights for clinicians must not exceed four nights.

GMEA Officer: _____	Title: _____
Check In Date: _____	Check Out Date: _____
(Office Use Only) Hotel Assigned: _____	# of Nights: _____

Clinician One Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email Address: _____	
Check-In Date: _____	Check-Out Date: _____	
(Office Use Only) Hotel Assigned: _____	# of Nights: _____	

Clinician Two Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email Address: _____	
Check-In Date: _____	Check-Out Date: _____	
(Office Use Only) Hotel Assigned: _____	# of Nights: _____	

Clinician Three Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email Address: _____	
Check-In Date: _____	Check-Out Date: _____	
(Office Use Only) Hotel Assigned: _____	# of Nights: _____	