THE WYNDHAM WASHINGTON, DC HOTEL
1400 M STREET, NW
WASHINGTON, DC 20005-2750

RESERVATION FORM FOR
AMERICAN COLLEGE OF PHYSICIANS
LEADERSHIP DAY MAY 16-17, 2006

PHONE (202) 429-1700 OR (800) 996-3426
RESERVATION'S FAX (202) 872-1506
***ONLINE:** http://www.wyndham.com/hotels/DCAHT/main.wnt
*You must reference the Group Code, 0515648ACP, in order to get the group rate.

Reservations must be received by April 24, 2006.
To reserve your room(s), please complete the information below (use only the allotted spaces):

FIRST NAME:

LAST NAME:

STREET/APT.

CITY/STATE/ZIP CODE:

BUSINESS PHONE: (___) _____ FAX: (___) _____

ARRIVAL: _____ (day) (date) DEPARTURE: _____ (day) (date)

PLEASE RESERVE: _____ (# of rooms) FOR: _____ (total # of people)

NAME(S) OF PERSON(S) SHARING ACCOMMODATIONS: _____

DISCOUNTED GUESTROOM RATES UNTIL: April 24, 2006
$175.00 SINGLE or $175.00 DOUBLE OCCUPANCY ($25 additional charge per person per room)

Special Requests:

_____ Single Occupancy _____ Double Occupancy _____ Non-Smoking Room

_____ King _____ (2) Double Beds _____ Smoking Room

Additional Special requests: _____

To receive the discounted guestroom rate, your reservation must be received by the Wyndham Washington, DC Hotel reservations department on or before April 24, 2006. You MUST obtain a confirmation number in order to confirm that your reservation has been received & processed. Reservations and special requests are subject to availability. Check-in is after 3:00 PM and check-out time is 12:00 PM. All reservations MUST be guaranteed with a credit card:

American Express _____ Diners Club _____ Visa _____ MasterCard _____ Discover _____
Number _____
Exp. Date _____ Signature _____

Reservations must be canceled 24 hours prior to the day of your planned arrival to avoid a charge equal to one night's room and tax.