

Olympia Day, Legislative Reception & Board Meeting January 26 & 27, 2012

NOTE: Morning rally and afternoon committee meetings will be at the Phoenix Inn.

Thursday, January 26 – Olympia Day

- 9:00am – Morning Meeting • (360) 570-0555
415 Capitol Way N. • Olympia, WA 98501
- 10:00am – Visit legislators and attend hearings
- 11:30am – Lunch on your own or
Order your brown bag lunch
- Afternoon – Continue visiting legislators
- 1:00pm-4:00pm – Individual legislators will
address the combined groups in the
Cherberg Hearing Room A, B, C.
- 2:30pm-3:30pm – Committee Meetings
- 5:30pm – Legislative Reception at the
Phoenix Inn Suites • (360) 570-0555
415 Capitol Way N • Olympia, WA 98501

Friday, January 27 – Board Meeting

- 8:00am – Executive Committee Meeting at the
Phoenix Inn Suites • (360) 570-0555
415 Capitol Way N • Olympia, WA 98501
- 10:00am – Board of Director’s Meeting
- Noon – Lunch
- 1:00pm-4:00pm – Meeting adjourns

Please RSVP to Theresa at MHCW By January 16th! Call 1 (800) 345-5608 or email: theresa@mhcw.org.



Phoenix Inn Suites
415 Capitol Way N.
Olympia, WA 98501
(360) 570-0555

Northbound or Southbound: Take Exit #105. Follow Capitol City Center Signs. Turn Right (North) on Capitol Way. Turn Left on Thurston. Phoenix Inn Suites is on the right.

All officers will be considered registered for all board meeting and seminars. If unable to attend, they will arrange for a substitute. If no substitute is available, the state office must be notified one week in advance of the meetings, or the director will be responsible for the applicable hotel and meal charges.



(clip and mail)



Registration Form

- 1. Yes, I (we) plan to attend the 5:30pm Thursday Legislative Reception (**Please write attendees' names below**)
 - 2. Yes, I (we) plan to attend the Friday Board Meeting lunch (\$25.00 per person) \$ _____
- TOTAL AMOUNT ENCLOSED** \$ _____

Name(s) _____

Community _____ City _____ State _____ Zip _____

Phone () _____ Cell () _____ FAX () _____ Email: _____

Please bill my credit card: Mastercard Visa Discover (circle one) Exp. Date _____

Card #

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 Signature _____

Credit Card Billing Address the Same as Above

Please Include Complete Credit Card Billing Address if Different from Address Above

Address _____

City _____ State _____ Zip _____

Please return with your check made out to: Manufactured Housing Communities of Washington
509 12th Ave SE, Suite #7, Olympia, WA 98501 • (360) 753-8730 • office.manager@mhcw.org