Housing Reservation Form

Please print or type

Return this form no later than June 1, 2000 • DO NOT MAIL OR FAX TO TMS Attendees wishing to be housed on campus are required to complete this form. Payment in full must accompany this form in order to reserve a room.

ODr. O Prof. OMs. Member Identification Number: (TMS or IEEE)	l	
OMr. OMrs. This address is: OBusiness OHome ONer	w Address O Address Correction	
LAST NAME Comployer:	FIRST NAME MIDDLE IN	NITIAL
ddress:	ZIPPOSTAL CODE COUNT	PD3/
elephone:	Fax:	KI
DAY EVENING 2-Mail Address:		
Please indicate any special needs:		
he residence hall accommodations reserved at the University are single and double rooms for arly reservation is recommended.	r individuals or couples. Both facilities are shared. Rooms will be assigned on a first-request	basis so
•		
I plan to attend EMC only and wish to make the following arrangements. See On-Campus Housing in this brochure for details.		
eee On-Campus Housing in this brochure for details.	Commuter Lunch Package & Parking for Off-campus attend	dees
Plan A	I plan to make off-campus housing arrangements and wish to purchas	
Lodging Tuesday through Thursday and 9 meals• includes parking O Plan A: Single Occupancy	Commuter Lunch Package for on-campus meals.	
O Plan A: Double Occupancy \$124.34	O 3 EMC Lunches No @ \$19.40/person = \$	
O Plan A: Single Private Suite	O 5 DRC/EMC Lunches No @ \$32.34/person = \$	
O Plan A: Single Shared Suite	University of Denver Parking	
	O 4-day Permit (<i>Tuesday through Friday</i>) \$12.00\$	
Plan B Lodging Wednesday and Thursday and 7 meals • includes parking	O 6-day Permit (Sunday through Friday) \$18.00 \$	
O Plan B: Single Occupancy		
O Plan B: Double Occupancy	Museum Transportation Please indicate your method of transportation to the museum.	
O Plan B: Single Private Suite	O Require busing to museum O Driving to museum	
O Plan B: Single Shared Suite		
Pian C	Fee Totals	
Lodging Sunday through Thursday and 14 meals • includes parking	Total U.S. dollars accompanying this form\$\$	
I plan to attend both DRC and EMC. I understand that I must register for the Device	Payment Method	
Research Conference separately on the DRC Registration Form, but wish to make	O Check payable to TMS.	
my housing and meals arrangements on this form as follows: (submit one Housing Reservation Form only.)	Payment should be made in US dollars drawn on a US bank.	
O Plan C: Single Occupancy	O VISA O MasterCard O Discover	
O Plan C: Double Occupancy	Card No.: Exp.:	
O Plan C: Single Private Suite\$297.00	Cardholder Name:	
O Plan C: Single Shared Suite\$257.25	Signature:	
Friday Night Room Rate		
Lodging Friday, June 23 and meals Friday and Saturday	Date:	
O Single Occupancy\$45.52	Return Instructions	
O Double Occupancy	Complete this form and send with your remittance to:	NOT
O Single Private Suite\$59.14	Mail: EMC c/o Conference Meeting & Event Services MA	NOT AIL
O Single Shared Suite\$51.19	Special Programs Division, University of Denver OR I	FAX
		TMS
NAME OF PERSON SHARING DOUBLE ROOM	Fax: 303-871-4991 (if paying by credit card)	
Requesting shared double accommodation; please assign roommate.	Confirmation of reservation (received by June 1, 2000) will be sent to you	u by the
Roommate will be assigned on a first request basis. O Single O Double / O Male O Female	University of Denver Conference Office.	71 1055
Arrival Date: Departure Date:	If you have questions regarding on-campus reservations, please call 303-87 fax: 303-871-4991; or e-mail jcherveny@du.edu	1-4355
Arrival Date Departure Date	ian. 505-0/1-4771, or c-mail juici very wur.cuu	