## **ON-CAMPUS HOUSING RESERVATION FORM**

## JUNE 26-28, 2002 • 44th ELECTRONIC MATERIALS CONFERENCE • University of California • Santa Barbara, California

Name of person sharing double room:

or e-mail: svito@housing.ucsb.edu.

Attendees wishing to be housed on campus are required to complete this reservation form.

PAYMENT IN FULL MUST ACCOMPANY

THIS FORM IN ORDER TO RESERVE A ROOM.

Please print or type:

Name: Mr. Ms.		
Affiliation	(first)	(last)
Address		
City	State	
Zip/Country Code	_ Country	
Telephone (Home)	_ (Business)	
Fax	E-mail	
Please indicate any special needs	here:	
The residence hall accommodations rese for individuals or couples. Bath faciliti request basis so early reservation is reco	es are shared. Roor	
I PLAN TO ATTEND EMC ONLY AN FOLLOWING ARRANGEMENTS: (See On-Campus Housing in this brochur		THE
PLAN A: Lodging on Tuesday through T  PLAN A: Single Occupancy  PLAN A: Double Occupancy		\$257.00
PLAN B: Lodging Wednesday and Thur  PLAN B: Single Occupancy  PLAN B: Double Occupancy		\$185.00
PLAN C: Lodging Sunday through T I PLAN TO ATTEND BOTH DRC AN REGISTER FOR THE DEVICE RESEAR REGISTRATION FORM, BUT WISH TO MENTS ON THIS FORM AS FOLLOWS	<b>D EMC.</b> I UNDERS CCH CONFERENCE MAKE MY HOUSIN	TAND THAT I MUST SEPARATELY ON THE DRC NG AND MEAL ARRANGE-
PLAN C: Single Occupancy		
SATURDAY NIGHT (JUNE 22) ROOM Lodging Saturday evening and meals Single Occupancy Double Occupancy FRIDAY NIGHT (JUNE 28) ROOM RA		
Lodging Friday evening and meals		
Single Occupancy		
☐ Double Occupancy		\$35.00

NOTE: PLEASE RETURN THIS FORM BY MAY 31, 2002 to:
BY MAIL: EMC c/o UCSB Campus Conference Services
Attn: Sally Vito, University of California, Santa Barbara, CA 93106-6120
BY FAX: (if paying by credit card) 805-893-7287

Traine of person sharing deduct from			
1 0	ble accommodation; please assign roommate: igned on a first request basis)		
☐ Single ☐ Do	uble		
☐ Female ☐ Ma	ale		
ARRIVAL DATE:			
DEPARTURE DATE:			
Package for on-campus  3 EMC Lunches	pus housing arrangements and wish to purchase a smeals.  \$23.25 per person \$	Commuter Lunch	
TOTAL U.S. Dollars A	ccompanying this form \$		
and made Payable t  Charge my Credit (	ck (check must be drawn on a U.S. Bank to "U.C. Regents")		
Credit Card No.:			
Expiration Date:			
Signature:			
Cardholder Name:			
Return this form no la	ater than May 31, 2002.		
Complete and return this form together with your remittance to: EMC c/o Campus Conference Services, Attn: Sally Vito University of California, Santa Barbara, CA 93106-6120 USA Fax: If paying by Credit Card Fax to 805-893-7287			
Confirmation of reserve to you by the UCSB Co	ation (received by May 31, 2002) will be sent onference Office.	NOTE: DO NOT mail or	
	egarding on-campus reservations, 72; fax: 805-893-7287;	fax to	