

HOUSING RESERVATION FORM

ELECTRONIC MATERIALS CONFERENCE

Colorado State University, Fort Collins, Colorado
June 25-27, 1997

**NOTE: PLEASE RETURN THIS FORM
BY MAY 23, 1997 to:**

**EMC Housing
Office of Conference Services
Colorado State University
Fort Collins, CO 80523-8037**

Credit card customers may fax this form to: 970-491-3568

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. _____
(first) (last)

Affiliation _____

Address _____

City _____ State/Province _____

Zip Code/Postal Code _____ Country _____

Telephone (Home) _____

(Business) _____

Fax _____

E-mail _____



Special lodging request due to PHYSICAL IMPAIRMENTS:

(Please Specify): _____

I PLAN TO ATTEND EMC ONLY AND WISH TO MAKE THE FOLLOWING ARRANGEMENTS

Plan A: Lodging on Tuesday through Thursday and 8 meals
(SEE "On-Campus Housing" in this brochure for details)

Plan A: Single Occupancy \$156.15

Plan A: Double Occupancy \$111.15

Plan B: Lodging on Wednesday and Thursday and 6 meals
(SEE "On-Campus Housing" in this brochure for details)

Plan B: Single Occupancy \$110.15

Plan B: Double Occupancy \$80.15

Plan C: Lodging on Sunday through Thursday and 13 meals
(See "On-Campus Housing" in this brochure for details)

I PLAN TO ATTEND BOTH DRC AND EMC. I UNDERSTAND
THAT I MUST REGISTER FOR THE DEVICE RESEARCH
CONFERENCE SEPARATELY ON THE DRC REGISTRATION
FORM, BUT WISH TO MAKE MY HOUSING AND MEALS
ARRANGEMENTS ON THIS FORM AS FOLLOWS:

(Submit this one Housing Reservation Form only and indicate on
your DRC registration you have already submitted this form.)

Plan C: Single Occupancy \$254.52

Plan C: double Occupancy \$179.52

Name of roommate sharing double room:

Note: Roommate requests honored only if both parties select each
other. Those who are not pre-registered as roommates, but wish to
be, must check in at Housing Desk together.

FIRST NIGHT _____

LAST NIGHT _____

PAYMENT: _____

**Payment is required with this form.
Please indicate method of payment:**

Check made payable to Colorado State University

MasterCard VISA

Purchase Order Enclosed

Card Number _____

Expiration Date _____

Signature _____ Date _____

Purchase Order Number _____

Note: There will be a \$17.00 charge on all returned checks.

Cancellation requests must be received
by the Office of Conference Services
(Tel: 970-491-7501; Fax: 970-491-3568) by 5:00PM, June 18, 1997.

A \$15.00 handling fee will be retained.

No cancellation requests will be honored after this time.

DO NOT MAIL OR FAX THIS FORM TO TMS

Confirmation of reservation (received by May 23, 1997) will be sent
to you by the Colorado State University Office of Conference
Services. If you have questions regarding on-campus reservations,
please Telephone 970-491-7501; Fax 970-491-3568; or E-mail
ocsreg@ocslan.sacc.colostate.edu