Housing Reservation Form

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.

Please print or type
☐ Dr.  ☐ Prof.  ☐ Ms.  Member Identification Number: (TMS or IEEE)
☐ Mr.  ☐ Mrs.  This address is:  ☐ Business  ☐ Home  ☐ New Address  ☐ Address Correction

Employer:

Address:

City:  State/Province:  Zip/Postal Code:  Country:

Telephone:  DAY  EVENING  Fax:

E-Mail Address: __________________________

Please indicate any special needs:

The residence hall accommodations reserved at the University are single and double rooms for individuals or couples. Both facilities are shared. Rooms will be assigned on a first-request basis so early reservation is recommended.

I plan to attend EMC only and wish to make the following arrangements.

See On-Campus Housing in this brochure for details.

Plan A
Lodging Tuesday through Thursday and 9 meals • includes parking
☐ Plan A: Single Occupancy ............................................................. $146.48
☐ Plan A: Double Occupancy ................................................................ $124.34
☐ Plan A: Single Private Suite ................................................................ $187.34
☐ Plan A: Single Shared Suite ............................................................... $163.49

Plan B
Lodging Wednesday and Thursday and 7 meals • includes parking
☐ Plan B: Single Occupancy ............................................................. 114.45
☐ Plan B: Double Occupancy ................................................................ 99.65
☐ Plan B: Single Private Suite ............................................................... $141.68
☐ Plan B: Single Shared Suite ................................................................ $125.78

Plan C
Lodging Sunday through Thursday and 14 meals • includes parking
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 one Housing Reservation Form only.)
☐ Plan C: Single Occupancy ............................................................. $216.66
☐ Plan C: Double Occupancy ................................................................ $193.00
☐ Plan C: Single Private Suite ............................................................... $297.00
☐ Plan C: Single Shared Suite ............................................................... $257.25

Friday Night Room Rate
Lodging Friday, June 23 and meals Friday and Saturday
☐ Single Occupancy ........................................................................ 45.52
☐ Double Occupancy ........................................................................ 37.14
☐ Single Private Suite ........................................................................ 59.14
☐ Single Shared Suite ........................................................................ 51.19

NAME OF PERSON SHARING DOUBLE ROOM

Requesting shared double accommodation: please assign roommate. Roommate will be assigned on a first request basis.
☐ Single  ☐ Male  ☐ Female

Arrival Date: _______________  Departure Date: _______________

Commuter Lunch Package & Parking for Off-campus attendees
I plan to make off-campus housing arrangements and wish to purchase a Commuter Lunch Package for on-campus meals.
☐ 3 EMC Lunches ............ No.____ @ $19.40/person = $ ________
☐ 5 DRC/EMC Lunches ........ No.____ @ $32.34/person = $ ________

University of Denver Parking
☐ 4-day Permit (Tuesday through Friday) .... $12.00  $ ________
☐ 6-day Permit (Sunday through Friday) .... $18.00  $ ________

Museum Transportation
Please indicate your method of transportation to the museum.
☐ Require busing to museum  ☐ Driving to museum

Fee Totals
Total U.S. dollars accompanying this form  $__________

Payment Method
☐ Check payable to TMS.  Payment should be made in US dollars drawn on a US bank.
☐ VISA  ☐ MasterCard  ☐ Discover
Card No: __________________________ Exp.: __________
Cardholder Name: __________________________
Signature: __________________________
Date: __________________________

Return Instructions
Complete this form and send with your remittance to:
Mail: EMC c/o Conference Meeting & Event Services
      Special Programs Division, University of Denver
      2050 East Evans Avenue, Suite 22, Denver, CO 80208
Fax: 303-871-4991 (if paying by credit card)

Confirmation of reservation (received by June 1, 2000) will be sent to you by the University of Denver Conference Office.
If you have questions regarding on-campus reservations, please call 303-871-4555; fax: 303-871-4991; or e-mail jcherveny@du.edu

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