

Department of Housing - Office of Conference Services Telephone: (303) 492-5151 Fax: (303) 492-5959

(Please Type or Print Clearly)

Name of Conference: Space Grant Conference

Participant's Name: _____ / _____ / _____ Sex: F _____ M _____
Last First Initial

Address: _____ Country: _____

City State Zip

Daytime Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Arrival Date: _____ Departure Date: _____

All charges are based on a package rate arranged for you by your conference there is no credit for missed nights.

Please request one of the following:

_____ *Single (1 per room)
_____ Double Room (2 per room – price is per person) _____
(Roommate preference name, if any)

*There are a limited number of single rooms. If unavailable, assignment will be made to a double room with another conference participant.

Smoker _____ Non Smoker _____

Special Needs: _____

Complete if accompanied by spouse and/or family member:

Spouse's Name: _____ Arrival Date: _____ Departure Date: _____

Children: _____ Arrival Date: _____ Departure Date: _____
Name Age Sex

Children: _____ Arrival Date: _____ Departure Date: _____
Name Age Sex

Will a rollaway bed be needed? _____ Yes _____ No Crib? _____ Yes _____ No

Payment is DUE at Check-in (Check-in is available 24 hours a day). Cash, traveler's checks, personal checks, VISA, MasterCard, American Express, Diners Card, and Discovery Card will be accepted. Checks must be in U.S. Dollars drawn from a U.S. Bank. **Do not send payment (money) in advance.**

Mail form to: Office of Conference Services
500 30th Street.,
Boulder, CO 80310
Fax form to: (303) 492-5959
E-mail form to: confreg@colorado.edu

Office Use: Confirmation Date: _____ Initial: _____
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