BROWN UNIVERSITY

Conference Services, Box 1864
Providence, RI 02912
FAX (401) 863-7300

UAI

July 31- August 3, 1997

ON-CAMPUS HOUSING REGISTRATION FORM

PLEASE PRINT:

NAME: ____ SEX: ❒ M ❒ F

Last First Middle Initial

MAILING ADDRESS: ____

____

TELEPHONE NUMBER: __________________________ __________________________

Home Business

ARRIVAL DATE: __________ TIME: __________ DEPARTURE DATE: __________

HOUSING: All dormitories have semi-private bathrooms. Each room has at least one single bed, dresser, desk and chair. Each guest is provided with sheets, towel, pillow, pillowcase and, if needed, blanket. Linen is not changed during the conference.

_____ Nights in an air-conditioned single dormitory room @ $45.00/night $____________

_____ Nights in a single dormitory room (no A/C)@ $36.00/night $____________

_____ Nights in a double dormitory room (no A/C) @ $34.00/person/night $____________

NAME OF PERSON SHARING WITH YOU:

____

❒ Please assign a roommate for me. (If we are unable to assign you a roommate, you will be billed for a single room.

PAYMENT AUTHORIZATION: Your room reservation must be guaranteed by completing this credit card authorization form. ***Master Card and VISA only.*** One night's payment is not refundable if cancellation occurs after July 20, 1996.

__________________ ______________________________ __________

Credit Card Type (Master Card and VISA only) | Credit Card Number | Expiration Date

______________________________ ______________________________

Name on Credit Card (Please print) | Signature of Authorization

Please return this registration form by June 20, 1997 to: Brown University, Conference Services, Box 1864, Providence, RI 02912. Or FAX to (401) 863-7300. Reservations cannot be made by telephone. Reservations received by June 20 will be confirmed. Any cancellations or changes should be made directly with Brown University Conference Services.

PLEASE RETURN THIS FORM BY JUNE 20, 1997

Please indicate if you have any special disability requirements: