



CU Conference Services Telephone: (303) 492-5151 Fax: (303) 492-5959

(Please Type or Print Clearly)

Name of Conference: Summer Institute in American Philosophy July 9 – 14, 2007

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

Address: _____ Country: _____

_____ / _____ / _____
City State Zip/Postal Code

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

E-mail Address: _____

Arrival Date: _____ Departure Date: _____

Package: 5 nights (July 9,10,11,12,13) Room only package of \$315.19 single and \$167.46 per person double. Rates include tax. All charges are based on a package rate arranged for you by your conference. There will be no refund for missed nights. Tax is subject to change without notice. One night early arrival or late departure will be an additional charge of \$61.19 single and \$31.64 per person double. Rates include tax.

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, would you be willing to share a double room with another conference participant?
__ Yes __ No.

Special Needs: _____

Rooms are furnished with twin beds with linen & towels, dresser, desk, telephone, and mini-fridge and microwave. Communal bathrooms are provided per wing serving approximately 8-10 rooms. Buildings are not air-conditioned. Wake up service is not available. Campus parking permits may be purchased at the front desk @ \$20/week.

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 crib be needed? _____ 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. **Please do not send payment (money) in advance.**

Mail form to: CU Conference Services
500 30th Street,
Boulder, CO 80310

Fax form to: (303) 492-5959

E-mail form to: confreg@housing.colorado.edu

Office Use: Confirmation Date: _____ Initial: _____
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I understand that full payment for lodging will be due at check-in. Once I have paid, and checked in with the housing front desk, I understand there will be no refunds granted if I decide to leave early for any reason.

Signature

Date

Signature required to complete reservation