



(Please Type or Print Clearly)

Reservation Deadline May 21, 2010

Name of Conference: BLAST June 2 – 6, 2010

Participant's Name: _____ / _____ / _____ Gender: F__ M__
Last First Initial

Address: _____ Country: _____
City State Zip/Postal Code

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

E-mail Address: _____

Residence Hall rooms are furnished with twin beds with linen & towels, dresser, desk, and mini-fridge with microwave. Daily (Mon – Fri) housekeeping services are provided in guest rooms. Community bathrooms (by gender) are provided per hallway serving approximately 8-10 rooms. **Buildings are not air-conditioned.** No phone service in rooms. Campus parking permits may be purchased at the residence hall front desk for \$22/week.

Please note: This is a room & board package and there are no refunds for missed meals or nights.

Child Rates: Children 13 years old and over will be charged the normal adult room and board rate. Children under 6 years old will not be charged for room and board. Please list name, gender and age of any children staying with you: _____

Please check ✓ your selection:

Would you like to be assigned a roommate to share a double room with? YES NO

If a single room is unavailable, would you be willing to share a double room with another conference participant. YES NO

Conference - Room and Board Package:

Five nights lodging and 5 breakfasts with arrival on June 1 and departure on June 6, 2010.

No refunds for missed meals or nights.

Rate per person in single: \$381.18 including tax.

Rate per person in double: \$224.63 including tax. **Roommate Name:** _____

Rate per child (age 6-12) in double: \$77.21 including tax.

Early Arrival & Late Departure: May 31 arrival and/or June 7 departure

You may arrive 1 day prior to your conference package date and depart 1 day after your package date. Meals not included.

Rate per night, per person in single is: \$ 64.99 including tax. Arrival Date: _____ Departure Date: _____

Rate per night, per person in double is: \$ 33.68 including tax. Arrival Date: _____ Departure Date: _____

Rate per night, per child (age 6-12) in double: \$13.89 including tax.

Special Needs: _____

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: CU Conference Services
500 30th Street
Boulder, CO 80310 USA

Fax form to: (303) 492-5959

E-mail form to: confreg@colorado.edu

Office Use:

Confirmation Date: _____

Initial: _____

I understand that full payment for lodging will be expected at time of check-in. Once I have paid, and checked in with the housing front desk, I understand there will be no refunds even if I decide to leave early for any reason. Sending registration form by email is considered signature and agreement with this policy.

Signature _____

Date _____