



(Please Type or Print Clearly)

Name of Conference: 15th U.S. National Congress on Theoretical and Applied Mechanics

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

Address: _____ Country: _____

City State Postal Code

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

E-mail Address: _____

Arrival Date: _____ Departure Date: _____

Fees below include 5 nights lodging and 5 breakfasts. Please request one of the following:

_____ *Single (1 person per room) - **\$345.79 per person** (Includes all applicable taxes and charges)

_____ *Double Room (2 per room; price is per person) - **\$202.47 per person**
(Includes all applicable taxes and charges)

(Roommate preference name, if any)

***Tax subject to change**

*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: _____

Complete if accompanied by spouse and/or family member:

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

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

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 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 granted if I decide to leave early for any reason.

Signature _____

Date _____

Electronic submission of this form serves as your signature acknowledging acceptance of our no refund policy.