

CSB2007 Conference
 August 12 - 18, 2007
 Housing Registration Form

Participant Information

Dr. / / Mr. / / Ms. / / Family Name _____ First Name: _____ M ____ F ____

Affiliation: _____ Mailing Address: _____

City: _____ State: _____ Country: _____ Zip: _____

E-mail: _____ Phone : _____ Fax : _____

Preferred Roommate (for those choosing Double Rooms): _____

Arrival Date: _____ Departure Date: _____

Campus Accommodations

<u>Housing</u> - Shared Apartments	<u>Quantity</u>	<u>Apartments</u>	<u>Sub-Total</u>
Single room 8/12	_____	\$65/night	_____
Single room 8/13	_____	\$65/night	_____
Single room 8/14	_____	\$65/night	_____
Single room 8/15	_____	\$65/night	_____
Single room 8/16	_____	\$65/night	_____
Single room 8/17	_____	\$65/night	_____
Double room 8/12	_____	\$54/night	_____
Double room 8/13	_____	\$54/night	_____
Double room 8/14	_____	\$54/night	_____
Double room 8/15	_____	\$54/night	_____
Double room 8/16	_____	\$54/night	_____
Double room 8/17	_____	\$54/night	_____
Additional Single nights	_____	\$65/night	_____
Additional Double nights	_____	\$54/night	_____
Total			_____

Confirmation of registration and directions will be sent after receipt of the registration form with complete payment. No refunds for cancellations of campus accommodations will be processed after July 31, 2007.

Payment by: ____ US Check ____ International Money Order ____ Cashier Check

Credit Card Number _____ Expiration Date _____ (Visa/Master Card Only)

Signature: _____ Print Name as it appears on Credit Card: _____

Fax completed Housing Registration Form with credit card information to UCSD Conference Services (858) 534-2042
 or

Mail completed Housing Registration Form with check in US dollars, made payable to UC Regents to:

JoAnn Newmeyer, UCSD, 9500 Gilman Drive, MC 0513, La Jolla, CA 92093-0513

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