



(Please Type or Print Clearly)

Reservation Deadline: 4/8/2011

Name of Conference: LSA 2011, Linguistic Institute

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

Address: _____

City State Zip/Postal Code Country

Daytime Telephone: (____) _____ Cell: (____) _____

E-mail Address: _____ Fax: (____) _____

Williams Village Apartments have two bedrooms and are furnished with twin beds, dressers, and desks. The Kitchenette includes a refrigerator, microwave and oven. **Buildings are smoke-free and pet-free.** There is no landline phone service in the apartment.

Campus parking permits may be purchased at check-in from the residence hall front desk for \$23 per week. Parking on campus is limited; please consider public transportation.

*Please note: Apartments do not include kitchenware; a small pot, pan and utensil kitchen kit will be available for purchase of \$40. Would you be interested in purchasing a kitchen kit? ___Yes ___No

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

Conference - Room and Board Package:

Arrival on _____ and departure on _____. Total of _____ nights lodging.

Breakfast service begins on 7/6/2011 through 8/4/2011. Lunch service begins on 7/5/2011 through 8/4/2011.

Dinner services begin on 7/5/2011 through 8/3/2011.

☐ Package rate per person in two bedroom apt: \$1,241.00 including tax.

☐ Roommate Preference 1: _____ Roommate Preference 2: _____

☐ Please assign me a suite mate.

Special Needs: _____

Early Arrival & Late Departure:

This Institute package includes 2 days prior to the start (July 5, 2011) of the Institute and 2 days after (August 7, 2011) the completion of the Institute. Should your stay require additional nights, accommodations will need to be made outside of University housing.

Payment is due at check-in (Check-in is available at Williams Village). Business, bank and personal checks, will be accepted. Checks must be in U.S. dollars drawn from a U.S. Bank.

Mail form to: **Cindy Rostiac, Program Assistant, LSA 2011**

Department of Linguistics

295 UCB, Boulder, CO 80309

Fax form to: 303-492-4416

E-mail form to: **cindy.rostiac@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, I understand there will be no refunds even if I decide to leave early for any reason. Sending this registration form by email is considered signature and agreement with this policy.

Signature _____

Date _____

Emergency Contact Information:

Name of Participant: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Emergency Contact: _____

Relation to Participant: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Names and phone numbers for emergency contact?

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Any known allergies, medical conditions, or medications we should be aware?
