



(Please Type or Print Clearly)

Reservation Deadline : 4/8/2011

Name of Conference: LSA 2011 Linguistic InstituteParticipant'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 contains a refrigerator, microwave, and oven/stove. **Buildings are smoke-free and pet-free.** There is no landline phone service in the room. 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: A small pot, pan and utensil kitchen kit will be available for \$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 will begin on 7/6/2011 through 8/4/2011. Lunch service will begin on 7/5/2011 through 8/4/2011. Dinner service will begin on 7/5/2011 through 8/3/2011.

**Child Rates:** Children under 18 years old will receive free lodging but will be charged full price for meals and linen package. Children under the age of 6 years will receive free lodging and meals but pay full price for linens. Please list name, gender and age of all children staying with you:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_ Package rate per adult: \$1,241.00 including tax. Spouse/Partner name: \_\_\_\_\_

\_\_\_ Package rate per child (6+ yrs): \$555.00 including tax.

\_\_\_ Package rate per child (all ages): \$17.00 including tax.

Total Due: \$ \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Early Arrival & Late Departure:**

This package includes 2 additional days prior to the Institute and 2 days after the completion of the institute. If additional days are necessary, arrangements will have to be made outside of University housing.

**Payment is due at check-in** (Check-in is available at Williams Village). Personal, Business or Bank 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 registration form by email is considered signature and agreement with this policy.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Emergency Contact Information:

Participants Name: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship 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 that we could be aware?  
Please list person's name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_