

PIERS 2002: (1-5 July 2002) On-campus Housing Request

Deadline for request and cancellation: Friday, 14 June 2002

Contact Information *Please type or print legibly*

First Name: _____

Family Name: _____

Please check appropriate categories. (required for all requests)

Female Male

Address: Home Business *(Remember to include any company mail codes):*

City: _____ State: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Submission of this request form is an acknowledgement on the part of the requesting person that they have read and understood the housing information sheet which is available at:
<http://web.mit.edu/conf-serv/www/PIERSDORM.html>

On Campus Housing Request

The arrival date would be the date you check in for your first night stay.

The departure date is the date you must check out of the dormitory by 11:00 AM.

Arrival: _____ Departure: _____ # of nights _____

Please select the room type will be requesting AC=Air-conditioned

Room Type	AC?	Rate	Per
<input type="checkbox"/> Single Room	Yes	\$86.00	Room, night
<input type="checkbox"/> Single Room	No	\$50.00	Room, night
<input type="checkbox"/> Full Double Room*	No	\$70.00	Room, night
<input type="checkbox"/> Shared Double Room*	No	\$35.00	Person, night

Roommate's name *(required for any double):* _____

Please find me a roommate, I am a Smoker **(required)** Yes No

* *If you are booking and paying for your roommate, you should request a Full Double. If your roommate is sending in a separate request form and payment, you should request a Shared Double Room. If you do not have a roommate, request a shared double and check please find me a roommate.*

<input type="checkbox"/>	Cots for children,**	\$10 per cot, per night
	# of Cots _____	Age(s) of children <i>(required information):</i>

** *Limit two cots per double room only. Cots are for children age 6-14 years old*

Parking # of days _____ X @\$7.00. Dates must match housing dates. *(Please include payment for all days from arrival through and including day of departure)*

PAYMENT All forms submitted must include payment. *Please retain a copy of this form and information on cancellation policies for your records*

Payment Calculation:

CHECK PAYMENTS: A check in the amount of _____ US\$ drawn on a US bank and made payable to MIT, is enclosed.

Housing: \$ _____

CREDIT CARD PAYMENTS (MASTERCARD, VISA, DISCOVER, AMEX)

Cots: \$ _____

Credit Card Number: _____

Parking: \$ _____

Exp Date: _____ Please charge my credit card for \$ _____

Total Due: \$ _____

Cardholder's Name: *(PRINT)* _____

Checks: Mail form and payment
Credit Card: Fax completed form

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