

2003 AAPM Summer School Housing Reservation Form

**Colorado College Registration Form
American Association of Physicists In Medicine**

June 21 – 26, 2003

DEADLINE: June 6, 2003

Reservation Information: Please type or print clearly. Use a separate form for each person's reservation.

Female Male

Name: Last/ First/Middle Initial _____

Mailing Address (include Company or Institution) _____

City/State/Zip code/Country _____

Work Telephone _____ Residence Telephone _____ Fax _____ e-mail _____

Please complete section A for campus housing and section B for payment information.

SECTION A [Package includes 5 nights housing: Sat-Wed, 5 breakfasts, 5 lunches and 3 dinners]

Meal plan begins with Breakfast on Sunday, June 22, 2003

DORM ROOM & BOARD PACKAGE: (Please check type of room)

____ **Accessibility: please call 719-389-6900 for any accessibility accommodation required**

Loomis Dormitory

____ Single room (\$415.00 per person including tax) Amount enclosed \$ _____

____ *Double occupancy (\$360.00 per person including tax) Amount enclosed \$ _____

DORM EARLY ARRIVAL ____ days (\$81.00 per person per day-*includes 3 meals*) Amount enclosed \$ _____

Western Ridge Apartment

____ *Quad Occupancy (\$442.00 per adult including tax) Amount enclosed \$ _____

(recommended for families, please call (719) 389-6900 for price quote if there are children)

____ *Triple Occupancy (\$469.00 per adult including tax) Amount enclosed \$ _____

____ *Double Occupancy (\$523.00 per adult including tax) Amount enclosed \$ _____

____ Single Occupancy (\$631.00 including tax) Amount enclosed \$ _____

APT EARLY ARRIVAL ____ days (\$125.00 per person per day-*includes 3 meals*) Amount enclosed \$ _____

*Name of roommate(s): 1. _____ 2. _____

3. _____

(to be assigned together, your roommate choice must ask for you as well)

Total Amount Enclosed for On Campus Participants (Section A): \$ _____

SECTION B PAYMENT (check one) Total amount enclosed \$ _____

Check (US funds drawn on a US bank account) payable to COLORADO COLLEGE. Indicate AAPM on check. Please mail reservation form with check in the same envelope!

Visa Credit Card Number: _____ Expiration Date: _____

Mastercard Authorized Signature: _____

I understand that the following information is held confidential and that a confirmation will be mailed to me with the proper housing information. I also understand that I must cancel my reservation (in writing by fax or mail) prior to June 1, 2003 to receive a refund. Signature of person completing form _____

PAYMENT IS REQUIRED BY CHECK OR VISA/MASTERCARD IN ADVANCE FOR PARTICIPANT RESERVATIONS. THERE IS A June 1, 2003 CANCELLATION POLICY FOR ROOM & BOARD REFUNDS. DEADLINE FOR ROOM RESERVATION IS June 6, 2003.

The Colorado College † Summer Conferences Office
Attention: Brenda Soto
14 East Cache La Poudre † Colorado Springs, CO 80903
☎ (719) 389-6900 Phone † (719) 389-6955 Fax