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.

Name: Last/ First/Middle Initial

☐ Female ☐ Male

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