



ON-CAMPUS ROOM/PARKING REGISTRATION FORM

Name:

*Sex:*¹

Institution:

E-mail address:

Mailing address:

TOTAL AMOUNT ENCLOSED: \$

The room charge is \$50. per night. Circle the evenings you want to reserve:

We(13th) Th(14th) [for workshops]
F(15th) Sa(16th) Su(17th) Mo(18th) [for conference]
Tu(19th) [for workshops]

Parking is \$10. per day. Circle the day/evenings you want to reserve on-campus parking:

We(13th) Th(14th) [for workshops]
F(15th) Sa(16th) Su(17th) Mo(18th) [for conference]
Tu(19th) [for workshops]

Mail this form, together with your check for the amount noted above, to:

Cynthia Brossman
Conference Administrator, LICS 2001
Learning Resource Network
Boston University
590 Commonwealth Avenue
Boston, Massachusetts 02215

The form and payment **must be received by May 18, 2001.**

¹Sorry! Needed for room placement in shared suites, per request of campus housing. You can leave this blank if you are only requesting parking.