Dormitory Reservation Form

Stanford University Governor's Corner Complex Information

Dormitory rooms are being held for our exclusive use until June 30, 1997.
To make a reservation, you must fill out and return this form to the SIAM office. Upon receipt of your reservation, a confirmation will be sent to you.
The Dormitory Package consists of:

- Sunday, July 13 through Friday, July 18, 1997 Five (5) nights.
- Sleeping room with daily housekeeping service, Monday - Friday.
- Three meals a day in Ricker Hall (with the exception of dinner on Wednesday and Friday) starting with breakfast on Monday, July 14 and ending with lunch on Friday, July 18.

SIAM Participant Information

Name: _____

Gender: ❑Male ❑Female
Occupancy: ❑Single ❑Double
Date of Arrival: _____ Date of Departure: _____

Roommate Name: _____
Roommate Gender: ❑Male ❑Female

Each participant must submit their own application. This information is needed for room assignments. If you are reserving a double room, you must supply the name of your roommate since SIAM will not randomly choose a roommate for you. Please be sure to fill out the entire form to ensure proper processing of your reservation.

Registration deadline is June 30, 1997. Cancellation deadline is June 5, 1997.
Reservations will not be honored without accompanying payment in full!
❑Single Occupancy Package $422.75/person
❑Double Occupancy Package $354.00/person x2= $_____
❑Single Occupancy-additional nights 49.00 x # of nights = $_____
❑Double Occupancy-additional nights 35.25 x # of nights = $_____
❑Guest Housing Package*** $176.25 x # of guests = $_____

Total payment enclosed $_____.
****Housing only, no meals are included, a rate of $176.25 for 5 nights is available for non SIAM participants who share a room with a SIAM participant.*

Guest Information
A guest is a spouse, child, or significant other who is not attending the SIAM conference.

Guest Name: _____
Gender: ❑ Male ❑ Female Child: ❑ Yes ❑ No
I choose to pay my deposit for the first night's room rate by
❑ VISA ❑ MasterCard ❑ American Express ❑ Check

Credit card no. _____ Exp. Date_____/_____

Signature _____

Are you a disabled participant that requires appropriate accommodations? ❑ Yes ❑ No

Please submit this information to SIAM, 3600 University City Science Center, Philadelphia, PA 19104-2688, Fax number: (215) 386-7999.

This form must be received by SIAM on or before June 30, 1997.

Please note: A key deposit of $70 will be required upon checking in. It can be payable either with a credit card or personal check (U.S. funds on a U.S. bank). This deposit of $70 will be returned upon receipt of the key(s) at check-out. No smoking is allowed within the residences or within 20 feet of any residence.

Check-in-time 3:00 PM. Check-out time 12:00 noon.