

**University of Colorado at Boulder**  
**Summer Conference Housing Application**  
**Phone: (303) 492-5151, Fax: (303) 492-5959**  
**E-mail: Lodging@Housing.Colorado.Edu**  
**Please Type or Print**

Name of Conference \_\_\_\_\_

Participant's Name (Last, First, MI) \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Please request one of the following: \_\_\_\_\_ Package #1 \_\_\_\_\_ Package #2

Please request one of the following: \_\_\_\_\_ Single Room\*  
\_\_\_\_\_ Double Room (Roommate preference, if any) \_\_\_\_\_

\* There is a limited number of single rooms. If unavailable, assignment will be made to a double room with another conference participant.

Special Needs (Smoker/Nonsmoker, etc.) \_\_\_\_\_

**Complete if accompanied by spouse and/or family:**

Spouse's Name \_\_\_\_\_ Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Children: Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Will a Rollaway Bed be Needed? \_\_\_\_\_ Crib? \_\_\_\_\_

**All charges are based on a package rate arrange for you by your conference.**

**Payment is due at check in.** Cash, Traveller's Checks, Personal Checks, VISA, MasterCard, American Express, Diners Card, and Discovery Card will be accepted.

Checks must be in US Dollars drawn on a US Bank.

**Do not send money in advance.**

**Please mail this form to:** Office of Conference Services, University of Colorado, 500 30th Street, Boulder, CO 80310, USA. **Or Fax to:** (303) 492-5959.