STUDENT HOUSING/SIMMONS COLLEGE

2001 Spring Meeting

May 29-June 2 **t** Boston, MA

This form is to be used by students who wish to stay at Simmons College. Please complete sections 1,2, and 3 below. All reservations must be made by sending this form by mail or fax with **full payment**. For phone reservations, call 1-800-966-2481 or +1-202-462-6900.

AGU will acknowledge receipt of your reservation within 14 days. Confirmation will be sent to the individual listed in section 1. **Reservation must be made by April 6, 2001.**

1. Please use a separate form for each room request. This form may be copied. Print or type all information.

_____
Last/Family Name First/Given Name MI

_____
Organization/Company

_____
Address

_____
City State/Province Zip/Postal Code Country

_____
E-mail Telephone* Fax*

*** International numbers should include country and city codes.**

SEND FORM AND FULL PAYMENT TO:

Spring Meeting
Student Housing
AGU
2000 Florida Ave., NW
Washington, DC
20009

Fax: +1-202-328-0566
(Faxes must have credit card information)

Phone:
1-800-966-2481

Local and International calls:
+1-202-462-6900

HOUSING DEADLINE:
April 6, 2001

2. Reservation Information. Accommodations will be at Simmons College.

List Full Names of Room Occupants:

1._____ 2. _____

Special Requests: **G** Handicapped Accessible **G** Non-smoking **G** Other: _____

Rooms are available from Sunday, May 27 to Sunday, June 3. Please indicate your arrival and departure dates and the total number of nights you will need a room.
Room rates include continental breakfast.

Arrival Date: _____
Departure Date: _____

Room Request: (Please T only one)
G Single: $60.00 per night x _____ nights = $_____
G Double: $88.00 per night x _____ nights = $_____
Holmes Sport Center:
G $4.00 per person x _____ person(s) = $_____
Name(s)_____

TOTAL AMOUNT: $_____

3. Payment Information: Full payment by check or credit card must accompany this form.
(If you are reserving a double room, you may split full payment using two different methods.)

#1. AMOUNT: $_____ G **Charge to:** **G** VISA **G** MasterCard **G** American Express G **Check** (payable to AGU)
Name of Cardholder: _____
Card Number_____**Exp.**_____**Signature**_____

#2. AMOUNT: $_____ G **Charge to:** **G** VISA **G** MasterCard **G** American Express G **Check** (payable to AGU)
Name of Cardholder: _____
Card Number_____**Exp.**_____**Signature**_____

Log on to the AGU Web site *www.agu.org* for complete meeting information.