



**ROOM RESERVATION FORM**

**Group Name: Computational Neuroscience Meeting CNS \*01**

<b>Name</b>	<b>Address</b>
<b>Telephone No.</b>	<b>Fax No.</b>
<b>Date of Arrival</b>	<b>Departure Date</b>
<b>Time of Arrival</b>	<b>Number of People</b>

<b>Room Type and Rate</b>
Singles (1 Bed, 1 Person) \$139 Triples (2 Beds, 3 People) \$139  Doubles (1 Bed, 2 People) \$139 Quads (2 Beds, 4 People) \$139  2 Double Beds (2 People) \$139
Room Type Requested: _____
<b>Billing</b>
Guaranteed by: _____ Credit Card No.: _____ Expiry: _____

**RESERVATIONS NOT RECEIVED BY 2/28/01 WILL BE PROVIDED ON A SPACE AND RATE AVAILABLE BASIS ONLY.**