



**THE SIXTH INTERNATIONAL CONFERENCE ON
COMPUTER SUPPORTED COOPERATIVE WORK IN DESIGN**

REQUEST FOR RESIDENCE ACCOMMODATION
The University of Western Ontario
JULY 12 - 15, 2001

Print neatly or type, using one form for each delegate.

FULL NAME: (Mr. Mrs. Ms. Prof. Dr.) _____

FULL ADDRESS: _____

DAY PHONE: () FAX: () E-MAIL: _____

ARRIVAL DATE: ARRIVAL TIME: DEPARTURE DATE: _____

The rate includes overnight accommodation, breakfast in Essex Hall and applicable taxes. One form for EACH delegate is required even if you are paying for multiple reservations. Accommodations are available for the nights of July 11th, 12th, 13th and 14th only. Check-in is after 3:00 p.m. on July 11th and check-out is before 11:00 a.m. on your day of departure.

TYPE OF ACCOMMODATION REQUESTED (circle choice please): FEMALE / MALE / COED

RATE: \$59.00 per person, per night (Canadian funds)

of nights X per night = \$ TOTAL AMOUNT DUE _____

PAYMENT:

All rates are quoted in Canadian funds and payable in same. Full payment must accompany this housing request form. We accept Visa or MasterCard, money orders or institutional cheques **only**. *We are sorry, but we are unable to accept personal cheques.*

MasterCard Visa Money Order Institution Cheque

CARD # EXPIRY: NAME ON CARD: _____

SIGNATURE OF CARD HOLDER: _____

Please return this completed form to **Conference Services** (see address below) with **FULL** payment for **accommodation only** no later than **June 11, 2001** to reserve your campus accommodation. Cancellation of your reservation (*or any part thereof*) must be sent to our office by fax in advance. You may cancel or change your accommodation reservation up to two weeks prior to the conference without penalty. Cancellations or changes received within two weeks of the conference will be subject to a 50% cancellation/change fee. Credits will not be issued for any un-used portion of your reservation. Confirmation of your reservation will be mailed to you upon receipt of the completed form and payment. Should we receive your application after the deadline date, and space is still available, confirmation will be mailed to you if time allows.

Conference Services
The University of Western Ontario
Room 150, Lambton Hall
1421 Western Road
LONDON, Ontario N6G 4W4
Tel: (519) 661-3545
Fax: (519) 850-2353

OFFICE USE ONLY					
Date Received		Date Into System		Reservation Number	
Receipt Number		System Reference Number		Initials	
Confirmation Date		Room Number			