

CAM 2010

Registration Form (one form per registrant, please print)

Please complete this form; and return to the Office of Special Events & Protocol at +(507) 212-8280 –fax;
or e-mail to striosep@si.edu

Name (Last, First, Middle) _____
Name to appear on badge (first, last) _____
Organization _____
Mailing Address _____
City _____
Country _____ Zip Code _____
Phone _____ Fax _____
Passport (country & number) _____
E-mail _____

Please check one of the following:

Do NOT need hotel reservations: _____ **Do need hotel reservations:** _____

All amounts are in US dollars

Hotel Arrangements: The Executive Hotel www.elejecutivo.com

Room Type

Single _____ \$105.00 (with daily breakfast) + 10% tax

Double _____ \$115.00 (with daily breakfast) + 10% tax

Room will be shared with: _____

Accommodations Preferences:

2 Double Beds King Bed Smoking Non-Smoking

Please guarantee reservation with the following credit card:

Type of Card: **Visa** _____ **Master Card** _____

Credit Card Number and 3 digit security code: _____

Expiration Date: _____

Name as it appears on card: _____

Arrival Date : _____ Departure Date: _____