University of Cincinnati
Residence Hall Reservation Form

Name of Conference **Society for Behavioral Neuroendocrinology**

Name _____
Last First MI

Address _____

City _____

State _____ Zip _____ Country _____

Phone _____

E-mail _____

Gender Female Smoker* No Age _____

Date of Arrival _____ Approx time of Arrival _____ AM

Date of Departure _____ Approx time of Departure _____ AM

Payment (please check one): ☐ Cash ☐ Check ☐ Credit Card ☐ Money Order

* All Residence Halls are nonsmoking. Smokers and nonsmokers will be placed in separate areas.

Type of Room Preferred (There are a limited number of single rooms available).
Mark 1st, 2nd, and 3rd preference for room type.

1st	2nd	3rd	Room Description	Person/ Night Charge
			Single Occupancy Room	
			per bed w/Linen	$25.00
			per bed wo/Linen	$21.00
			Multiple Occupancy Room	
			per bed w/Linen	$21.00
			per bed wo/Linen	$18.00
			Multiple Rm as Single Rm	
			per bed w/Linen	$42.00
			per bed wo/Linen	$36.00

Please indicate below if you require special accommodations due to any physical conditions.

Deadline for reservations: June 3, 2003.
Return form by e-mail to univconf@ucmail.uc.edu or by fax to 513.558.0385.