

MIT DORMITORY BOOKING FORM

Name _____

Email address _____

Date of arrival _____

Approximate time of arrival _____

Date of departure _____

Type of room required Single _____ No. of Rooms Required _____

If requesting single, indicate preference:

Senior House _____ New House _____

Double _____ No. of Rooms Required _____

PAYMENT DETAILS

Indicate form of payment: check (US currency only) _____ credit card _____

____ Nights @ ____/night \$ _____

Credit card surcharge \$2.00 \$ _____

TOTAL \$ _____

IF PAYING BY CHECK:

Make check payable to MIT – ICSS
Mail check and completed form to:

**PROFESSOR NICHOLAS M. PATRIKALAKIS
INTERNATIONAL CONVENTION ON SHAPES AND SOLIDS
MIT ROOM 5-428
77 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139-4307, USA**

IF PAYING BY CREDIT CARD:

Please complete the following information

Master Card _____ Visa _____

Card number _____ Expiration Date _____

Name as it appears on credit card _____

Billing Address _____

Telephone number _____

Signature _____

Then either: Mail this form to Professor N. M. Patrikalakis at the above address or Fax it to Marge Chrissyostomidis at +1 617 822 9471
