SikivieFest University of Florida Museum of Natural History January 16, 2010

Banquet Registration_Information	
Full Name:	
Institution:	
Telephone:	E-mail:
<u>Registrati</u>	on Fees
Banquet fee	\$50 per person
Number of j	participants:
Registratio	n Total:
Method of	of Payment
Check:	Please make checks payable to the University of Florida. All checks must be drawn on a U.S. bank in U.S. dollars. Mail to: Kristin Nichola, Department of Physics, University of Florida, PO Box 118440, Gainesville, Florida 32611
Credit Card	: Visa Mastercard American Express
Credit Card	Number:
Exp. Date: _	Postal Code:
Name on Ca	urd:
	ted form to: +001-352-846-0295 or call: +001-352-392-8754 Mon- -4:00pm, U.S. Eastern Time.

Please do not send credit card information by e-mail. Fax is ok.

Accommodations/Hotel Reservation

Conference Lodging: Hilton University of Florida Conference Center

Lodging Price: conference discounted rate of \$99 per night plus tax

To receive discounted rate, allow us to reserve your room by faxing us this form prior to December 18, 2009.

Guest Information

Arrival Date: _____

Departure Date: _____

Circle number of occupants: 1 2 3 4

Names of occupants:

Special Requests:

Sharing hotel room:

If you are planning on sharing a hotel room with another participant, please enter participants name here:

(You will need to make these arrangements yourself.)

Note: The hotel expects to be full on the dates of the conference. Late hotel room requests are not guaranteed or may be in a different location.