

OrigamiUSA Convention 2009 - FIT Housing Form

The cost of dormitory rooms is \$55 per person per night, based on double occupancy, plus an annual registration charge of \$25 per person. If you wish to stay in the room alone, you must pay the full \$110 per night, plus your registration charge of \$25.

The cost for suites is \$75 per person per night, based on quad occupancy, plus an annual registration charge of \$25 per person. If you wish to have fewer than four people in the suite, you must pay the full \$300 per night, plus the registration charge for each person.

All FIT housing forms and payment must be sent as early as possible. To reflect our additional handling costs, we have added a late fee if your payment is not postmarked by May 30. Most important, though, we will not be able to guarantee housing for forms postmarked after June 6. If you cancel your FIT housing after June 6, we will refund your money only if we can re-rent your room.

You may complete one form for multiple people in a room or suite if you include full payment for everyone. You may also combine housing costs for several people in one check, but please do not combine housing with convention registration.

All accommodation forms and checks should be sent to Martha Winslow-Cole, 5222 Duck Springs Road, Attalla, AL 35954, in an envelope marked Convention '09 Housing. Checks should be made payable to OrigamiUSA. If you want an email confirmation, check the email box below, and make certain that you provide a legible email address. If you want a snail mail confirmation, check the snail mail box below, and include a self-addressed stamped envelope with your form, and with any other correspondence that requires a reply. *Note that confirmations will not be sent until late May.*

Serious accommodation question? Call Martha Winslow-Cole at (256) 538-9727. You can also reach her by E-Mail by using the Convention Contact webpage at www.origami-usa.org/convention_contacts. Please do not send any forms or correspondence via Priority Mail, FedEx, or any other method that requires special handling or signature. Martha is often away during the day, and arranging for pick-up or re-routed delivery is very difficult, and will only delay receipt of your forms.

We will match you with a roommate if you request. FIT has a very strict no-alcohol, no-drugs, no-smoking policy for all housing areas. Please respect their rules.

Name: _____

Address: _____

Phones: Day _____ Eve _____

E-Mail Address: _____

Choose one:

- Please send me an email confirmation. My email address is written legibly above.
- Please send me a snail mail confirmation. I am enclosing a self-addressed, stamped return envelope.

Circle the nights for which you are requesting FIT housing:

Wed	Thurs	Fri	Sat	Sun	Mon	Tues
6/24	6/25	6/26	6/27	6/28	6/29	6/30

- I would like a Dorm Room number of nights _____ x \$_____ each = \$_____
- I would like a Suite number of nights _____ x \$_____ each = \$_____

Plus late fee (\$10 if postmarked between May 31 and June 13, or \$25 if postmarked after June 13) \$_____

Plus annual registration fee: number of people _____ x \$25 \$_____

Plus cost of bedding from reverse side: \$_____

TOTAL \$_____

- Please find someone to share my dorm room/suite.
I am: Male Female
- I will be sharing my dorm room/suite with the following, who have sent in separate forms and payments.

- I will be sharing my dorm room/suite with the following, whose payment is included with mine above.

- One or more people included in this form is under 18. They are: _____.
The guardian, who is staying at FIT housing, is: _____.
- Check enclosed, made payable to OrigamiUSA
- Please charge my housing costs to my Visa Mastercard
Card Number _____ Exp Date _____
Signature _____

Option: I would like to purchase bedding:

_____ sets of linens/towels x \$20 each = \$_____

_____ sets of pillow/blanket x \$20 each = \$_____

_____ complete sets x \$40 each = \$_____

TOTAL COST OF BEDDING: \$_____

*Remember to bring the total to the reverse side
and add it to your total housing cost.*