

2016 CCMA North Apartment Reservation Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Rooms are available for the nights of June 7 – June 11, checking-out on June 12. Rooms are \$55.00/person/night.

Check-in Date: _____

Check-out Date: _____

Requested suitemates (if applicable): _____

Please note: requesting suitemates will not register these attendees for the conference or add housing to their registration. Each guest wishing to stay in the North Apartments must either complete this form or register online to add housing in North.

Payment MasterCard Visa American Express Discover Check

Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

How to submit this form

If you are submitting payment by check, this form may be returned via email (registration@umass.edu), fax (413-577-8130), or mail (UMass Conference Services CS16293, 810 Campus Center, 1 Campus Center Way, University of Massachusetts, Amherst MA 01003) along with your conference registration form(s). A confirmation will be emailed once your request is processed.

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