NANOTUBE-99
HOTEL REGISTRATION FORM
July 24-27, 1999

East Lansing Marriott at University Place
300 M.A.C. Avenue
East Lansing, Michigan 48823
Phone: 800-646-4678; Fax 517-337-5001

Room Rate: $84 plus 11% tax per night ($124 + tax for reservations made after June 22)

PLEASE COMPLETE ALL INFORMATION and fax to 517-337-5001:

Last Name: _____ First Name: _____

Address: _____

_____
City State Zip Country

Phone: (_____)_____ Fax (_____) _____

Arrival Date: _____ Arrival Time: _____ Departure Date: _____
[ ]Request complimentary pickup at Lansing airport: Airline and Flight number_____

Number of Persons: ____ Sharing Room With: _____
Circle One: Smoking Non/Smoking
Circle One: One King-size bed Two double beds

A one-night deposit is required and must accompany this request for a reservation to be made. Please indicate type of payment below.

[ ] Enclosed is a check or money order drawn on a US bank for $ _____
[ ] Credit Card Information authorizing my reservation to be charged in the amount of $_____

Circle type of Credit Card: AmericanExp. Visa MasterCard CB/Diners Discover

_____ _____ _____
Name of Card Holder Credit Card Number Expiration Date

Signature: _____ Date:_____

Failure to cancel your reservation 24 hours prior to arrival will result in forfeit of deposit.