



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.