

**Summer Housing Request - Gurian Institute 2011**

Please use one sheet per applicant requesting housing! Thanks!

|                                |       |
|--------------------------------|-------|
| Today's Date                   | _____ |
| Your Name                      | _____ |
| Email Address                  | _____ |
| Physical Address               | _____ |
| Phone Number                   | _____ |
| Do you have any special needs? | _____ |
| Roommate Requests              | _____ |

Your Date of Arrival \_\_\_\_\_ Your Date of Departure \_\_\_\_\_

**Housing in the Residence Halls in Summit Village - This rate does not include any meal service!**

|                |       |   |
|----------------|-------|---|
| \$51 per night | _____ | Single Room (space is limited so apply early) |
| \$36 per night | _____ | Single Room in a Suite with Roommates         |

*\*Nightly room charge includes linens, a parking permit and access to the UCCS Recreation Center*

**Payment Method (check one)**

|       |  |
|-------|--|
| _____ | Cash or check to be Made out to UCCS Conference Services |
| _____ | Money Order Made out to UCCS Conference Services         |
| _____ | Credit Card Payment to UCCS Conference Services          |

**For All Payment Types:**

Number of Nights x Room Type Charge = \_\_\_\_\_ (a) x 9.4% Sales & Lodging Tax = \_\_\_\_\_ (b)

(a) + (b) = Total Due =

Send Cash, Check, Money Order, or Credit Card Information AND Completed Form to:

UCCS Conference Services  
Attention: Steve Horner - Gurian Institute 2011  
1010 Austin Bluffs Parkway  
Colorado Springs, Colorado 80918

*Payment in full is expected to reserve your room, NO REFUNDS will be granted*

For Questions call Steve at 719-255-4445 or Email [shorner@uccs.edu](mailto:shorner@uccs.edu)

**This Section is for Staff Use Only**

Date Form Received: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Credit Card Payment Form**

\*Please note this form will be destroyed after 90 days\*

Participant Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

Credit Card Type (circle one):      Mastercard      Visa

Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_