

***Application for Housing in the GSAS Residence Halls
X-Ray Astronomy School 2005***

Please complete this application and submit it with your full payment. Submission of this application is an acknowledgement that you have reviewed the information below and agree to the cancellation policy. Housing application forms are processed in the order in which they are received. All reservations and changes must be submitted in writing; telephone or on-line requests are not accepted.

About the Residence Halls

All rooms are single occupancy only and are furnished with a twin bed, desk, desk chair, bookcase and closet. Doubles are not available, nor are cots or extra beds.

Conant Hall has shared bathroom facilities. Rooms with private baths are not available. Each floor has one shared bathroom, however, bathrooms are designated for single sex use. Thus, guests may be required to use the bathroom on the floor above or below the floor on which they reside.

Rooms in Conant Hall will be air-conditioned and there are kitchens on each floor of each building. Kitchens are equipped with a microwave, stove, oven, and refrigerator for use by participants. In addition, there is a large lounge on the first floor of Conant Hall for informal gathering. Each building has vending machines and coin-operated laundry machines on the lower level.

Please note that the building is not equipped with an elevator.

Cancellation Policy

All cancellations of on-campus housing must be sent in writing (via e-mail) to GSAS Housing Services (gsasconf@fas.harvard.edu). Written cancellations received on or before Wednesday, July 15, 2005 will receive a full refund less a \$25 processing fee. After July 15, refunds will be made less a \$50 processing fee; provided the cancellation is received no later than 2 weeks prior to the scheduled date of arrival. No refunds (full or partial) will be granted for cancellations received within 2 weeks of the scheduled arrival date or thereafter, nor for any nights the room is not occupied during a reservation period.

Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____

Email: _____

Housing Needs

I would like housing for *(please check)*:

- | | <i>Dates</i> | <i>Price</i> |
|---------------------------------------|---|---------------------|
| <input type="checkbox"/> Full Session | Sunday, August 14 – Sunday, August 21, 2005 | \$385 total |
| <input type="checkbox"/> Per night | List dates of stay:
_____ | \$55 per night |

Special Considerations

Please let us know about any health, medical or other needs we should be aware of as we make room assignments:
