



LAMP Registration Summer 2010 May 20 - May 23

* Required field

** Overnight accommodations cost \$50/person/night for double occupancy. Single occupancy is available at a cost of \$100/person/night. Accommodations will be at the Kellogg Hotel & Conference Center on the campus of Michigan State University. <http://kelloggcenter.com/>

First Name: *

Last Name: *

Street Address: *

City: *

State: *

Zip: *

Email: *

Phone number (with area code):

Accommodation Information

Please check which nights you will require overnight accommodations? **
Check-in time is 4pm

Thursday, May 20 Friday, May 21 Saturday, May 22 None Required

What is your gender? * Male Female

Meals - Please include any dietary restrictions:

Question? Comments?
If you would like to room with a specific individual, you may enter that person's name.



LAMP Registration Payment Information

Pay by Check

Checks should be made payable to: **MSU**

Mail check and registration form (*pages 1 & 2*) to:

Michigan State University Library
Attn: Accounting Office
100 Library
East Lansing, MI 48824-1048

Number of nights @ \$50 (double occupancy) _____

Number of nights @ \$100 (single occupancy) _____

Total cost: \$ _____

Total cost includes the following: Hotel room, Thurs night reception/dinner, continental breakfasts on Fri & Sat, served breakfast on Sunday, lunches on Fri & Sat. Dinners on Fri & Sat will be on your own.

For hotel cancellations or to make changes to your LAMP conference reservation, call (517) 884-0803 by 5pm on Monday, May 17. Hotel cancellations made after 5pm on Monday, May 17 may be subject to a fee of \$50.

Pay by Credit Card (Visa/MasterCard only)

Credit card payments can be made by telephone by calling the MSU Libraries Accounting Office at (517) 884-6389. Accounting Office hours are M - F, 8am - 12pm & 1pm - 5pm.

Credit card payments will also be accepted via secure fax at (517) 432-7397. Fill in the information requested below and fax your entire registration form (*pages 1 & 2*). Be sure to include the credit card holder's signature before faxing.

Visa MasterCard

Name on Credit Card

Card Number

Expiration Date

Number of nights @ \$50 (double occupancy)

Total cost: \$

Number of nights @ \$100 (single occupancy)

Card Holder Signature _____

Questions? Please contact Heather Bentley, MSU Libraries Human Resources Office
Phone: (517) 884-0803 Email: heather@msu.edu