

HOUSING REQUEST FORM

Association of College & Research Libraries

ACRL is taking care of your room reservation and the billing. We need you to complete the information below so that a room is held under your name.

NAME: _____

MAILING ADDRESS: _____

(City)

(State)

(Zip)

PHONE NO. _____

FAX NO. _____ E-MAIL: _____

MEETING: _____

Occupant(s)	Arrival Date	Select type of room desired
1. _____	_____	<input type="checkbox"/> Single (One person/one bed)
2. _____	Arrival Time _____	<input type="checkbox"/> Double (Two people/one bed)
3. _____	Departure Date _____	<input type="checkbox"/> Double/Twin (Two people/two beds)
4. _____		<input type="checkbox"/> Triple (Three people/1-2 beds)
		<input type="checkbox"/> Quad (Four people/two beds)

Special requests: Smoking Non Smoking