



THE BIOLOGICAL STATION HOUSING REGISTRATION

Guest/Conference Name				Phone #.					
Coordinator Name:			E-mail:						
Sooner ID #	Or Department #		Tax Exempt:	<input type="checkbox"/>	Tax Exempt #:				
Address	City		State	Zip					
Define the purpose of your visit									
Would you like to be added to the Friends of UOBS database? Yes <input type="checkbox"/> No <input type="checkbox"/>			If checked yes, please provide e-mail address:						
Bill Me	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check #	<input type="checkbox"/>	Univ. Acct.	<input type="checkbox"/>	Grant #	<input type="checkbox"/>
Room # or Building	# persons	Group/Coordinator Arrival date	Departure date	# nights					

IF YOU ARE PAYING FOR MORE THAN ONE INDIVIDUAL, PLEASE LIST NAMES BELOW OR ATTACH FLOOR PLAN

	GUEST	RM	# NIGHTS		GUEST	RM	# NIGHTS
1.				2.			
3.				4.			
5.				6.			

Individual /Group Sponsor Signature on Registration Form Indicates Responsibility For Total Charges (no adjustments). Failure to return room key will result in a charge of \$25.00.

ABSOLUTELY NO PETS ALLOWED

KEY	COREMARK	KEY	COREMARK
SIGNATURE			DATE

(If submitting electronically, please type your name exactly as you sign it)

OFFICE USE ONLY
Applicable Rates: Per Person Per Night

DATES	# PERSONS	# NIGHTS	BEDNIGHTS	RATE	137922200	137935100	COST
CHARGE BATCH #	F	TITLE:	SUBTOTALS				
						TAX (6%)	
PAYMENT BATCH #	F					TOTAL	

Reviewed <input type="checkbox"/>	Approved <input type="checkbox"/>	Database <input type="checkbox"/>	Master Schedule <input type="checkbox"/>	Scan <input type="checkbox"/>	JV to sponsor <input type="checkbox"/>	To Housing <input type="checkbox"/>	Batch entry <input type="checkbox"/>	Copy to file <input type="checkbox"/>
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