

VIRGINIA JUNIOR ACADEMY OF SCIENCE

66th ANNUAL MEETING

WEDNESDAY, MAY 23 – FRIDAY, MAY 25, 2007

James Madison University

Harrisonburg, Virginia

Judges Housing Form

One form per person please

Print clearly in black ink.

Suffix: _____ Last Name: _____ First Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home phone: (_____) _____ - _____

Work phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Do you have a disability for which you need assistance? Yes* _____ No _____

*If yes, describe the assistance you need _____

Payment Deadline: May 1, 2007

On-Campus Housing Rates:

Residence Hall Room-Double Occupancy

Please circle night(s): W, Th, F

Per Person \$28.00 x _____ nights = \$ _____

Assign me a roommate, or

I have arranged to share a room with:

Roommate's Name: First & Last

Payment method:

Make checks payable to James Madison University.

Enclosed is my payment of \$ _____ **TOTAL**

I understand that this fee is nonrefundable after May 1, 2007.

Signature: _____

Please return this form and payment by check or money order to:

Attn: VJAS 2007, Events & Conferences, MSC 3501, Harrisonburg, VA 22807