

VIRGINIA JUNIOR ACADEMY OF SCIENCE
69th ANNUAL MEETING
WEDNESDAY, MAY 19 – FRIDAY, MAY 21, 2010

James Madison University
Harrisonburg, Virginia

Judges Housing Form
One form per person please

Print clearly in black ink.

Male Female Last Name: _____ First Name: _____

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 _____

Do you have any special meal needs? Vegetarian _____ Other _____

Registration and Payment Postmark Deadline: May 1, 2010

On-Campus Housing Rates:

- Residence Hall Room-Double OR Single Occupancy
- Please circle night(s): W Th F

Double Room (per person) \$25.00 x _____ nights = \$ _____

Single Room \$35.00 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, 2010.

Signature: _____

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

Attn: VJAS 2010, Conference Services, MSC 4206, Harrisonburg, VA 22807