

TWELFTH INTERNATIONAL CONFERENCE ON FIBONACCI NUMBERS AND
THEIR APPLICATIONS

Housing Reservation Form

(Please print) Name: _____ Amount Enclosed

NOTE: If you are reserving a double, only one of the two people sharing the room should register and pay the total cost of the room.

€ Single Room with private bath (6 days @ \$70 + \$6.75 breakfasts = \$460.50) _____

€ Double room with private bath (6 days @ \$80 + \$13.50 breakfasts = \$561.00) _____

[Rooming with _____] _____

€ Single room without private bath (6 days at \$44 + \$6.75 breakfasts = \$304.50) _____

€ Double room without private bath (6 days at \$44 + \$13.50 breakfasts = \$345.00) _____

[Rooming with _____] _____

€ I would like _____ days extra before the conference. _____

€ I would like _____ days extra after the conference. _____

Please enclose payment at the same rates as above for the total number of extra days

€ Check, Money Order or Cash Enclosed TOTAL \$ _____

€ VISA €MasterCard

Credit card Number _____ Expiration date: _____

Print Name as it appears on the card: _____

Signature: _____

Return this form and payment to:
Patty Solsaa,
P. O. Box 320,
Aurora, SD 57002-0320 USA
by

June 1, 2006