

ROOM SHARE PROGRAM FORM

**AMERICAN SOCIETY FOR LEGAL HISTORY
2003 ANNUAL MEETING
NOVEMBER 13-16, 2003
WASHINGTON, D.C.**

If you want to share a room, you must complete this form. A valid credit card number is required for each occupant. Room charges will be billed directly to participants' credit cards.

IF YOU DO NOT WANT TO PARTICIPATE IN THE ROOM-SHARE PROGRAM, YOU MUST MAKE YOUR OWN RESERVATIONS DIRECTLY WITH THE CAPITAL HILTON HOTEL BY CALLING ITS TOLL-FREE NUMBER 800-445-8667, OR THE HOTEL DIRECTLY, 202-393-1000, NO LATER THAN OCTOBER 14TH.

This form must be returned so that it is received by October 15, 2003. Participants will be notified of the name of roommate by October 31, along with contact information.

Name: _____ Gender: Male ___ Female ___

Address: _____

City: _____ State: ___ Zip: _____

Institutional Affiliation: _____

Telephone: _____ (home) _____ (office) Email: _____

Nights room needed: **Thurs.,** **Fri.,** **Sat.,**
 Nov. 13 **Nov. 14** **Nov. 15**

Smoker: Yes ___ No ___ Willing to share with smoker: Yes ___ No ___

Credit card information (REQUIRED)

Name on card: _____

Type of card _____ expiration date: ___/___ number: _____

Signature authorization: _____

Comments _____

Return to
Walter F. Pratt, Jr.
Secretary/Treasurer, ASLH
Notre Dame Law School
P. O. Box R
Notre Dame, IN 46556-0780

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