

INTERCAMPUS VIROLOGY RETREAT - FLYSWAT 2005
March 13 & 14 (Sunday - Monday)
Lied Lodge & Conference Center, Arbor Day Farm
Nebraska City, NE

Form B
ROOM AND MEAL REGISTRATION
Due February 25, 2005

Please send this form (electronic preferred, hard copy OK) to:

Ms. Dianna Wright
University of Nebraska - Lincoln
E317 Beadle Center, 1901 Vine Street
Lincoln, NE 68588-0666
Phone: (402) 472-8364, Fax: (402) 472-8722
Email: dwright5@unl.edu

Please indicate your firm commitment to participate in lunch, dinner and/or overnight lodging. Do not sign up unless you are sure to attend.

PARTICIPANT NAME:

Phone:

Email address:

Mailing Address:

Sunday – March 13

Lunch: Yes No
Dinner: Yes No Vegetarian menu needed: Yes No

Room required for overnight stay: Yes No
Roommate request: Yes No Name:

Monday – March 14

Breakfast: Yes No
Lunch: Yes No Vegetarian menu needed: Yes No

Guests

Number of non-conference guests accompanying participant:

Meals required for guests? Yes No (May be special fees required)
Vegetarian menu needed: Yes No

Special Instructions/Requests: