

**"SLEEP CHEAP" ROOM SHARE PLAN
2010 LSA ANNUAL MEETING**

For those who would like to reduce the cost of accommodations at the meeting but who do not have a roommate in mind, we have set up a room sharing plan that will attempt to match individuals according to stated preferences. Under this system, a double room at the Renaissance, or nearby hotel at the same or lesser conference rate of \$195 plus 15.4% tax (total \$225 U.S. dollars) may be shared with one person at a cost per night each of \$112.50.

To participate, please complete this form in full and **return this form to the Executive Office**. *Do not use the room sharing plan if you have already agreed to share a room with a particular person.* In that case, simply make your joint reservation directly with the hotel.

We must receive this form no later than Friday, April 9, 2010. Room sharing assignments will be on a first-come, first-serve basis. We take no responsibility for finding you a perfectly compatible roommate, but we will do our best to satisfy your stated preferences while, at the same time, attempting to find you a roommate for each of the nights you plan to be at the meetings. On or about April 16 we will send you the name/address of your roommate and the nights of reservation, having also forwarded the roommate list and card information for your first night deposit to the hotel. **Roommates have a responsibility to notify each other, as well as the hotel, if plans change after April 9 and until the meeting. You should understand the implied risk in this arrangement: you might bear the full rate should your assigned roommate be unable to attend.**

Please provide contact information where we and/or your roommate can best reach you between now and the meeting. For questions, please contact Lissa Ganter, ganter@lawandsociety.org, tel. (413) 545- 4617; fax (413) 577-3194.

"SLEEP CHEAP" ROOM SHARE RESERVATION

NAME _____ Phone () _____
ADDRESS _____ Fax () _____
_____ Email _____

DATES: (Circle the nights below on which you will need to share a room, and complete other indications.)

Mon. May 24 Tues. May 25 Wed. May 26 Thurs. May 27 Fri. May 28 Sat. May 29 Sun. May 30

I am: male____ female____ I do____ do not____ smoke.

I will ____ will not____ share with a smoker.

Credit Card Type: _____ (American Express, Visa, Discover, MasterCard)

Card #: _____ Exp. date _____

Name on card _____ Signature _____

Billing address _____
if different from above.

_____ I agree to a charge to my card for up to \$112.50, my half of the first night hotel deposit.

We must RECEIVE this form by FRIDAY APRIL 9. We cannot act on your room share request if you have not completed the form in full, including card payment information and charge agreement. Fax to (413) 577-3194 or mail to:

Law and Society Association
40 Campus Center Way, Room 217
Amherst MA 01003-9244