

REGISTRATION FORMS

HOTEL ROOM RESERVATION

The Cornhusker-Marriott Hotel, Lincoln, NE
(If needed, please make additional copies)

Name _____

Address _____

City _____ State _____

Phone _____

Arrival Date _____ Departure Date _____

Number of Rooms Needed _____ Number of Persons _____

For arrival after 6 p.m., a Credit Card Number or Advance Payment is necessary to hold the reservation. One night payment is due if the guaranteed reservation is not canceled by 6:00 pm on the arrival date.

Credit Card Type _____ Number _____

Expiration Date _____ Home Phone No. _____

Make checks payable to The Cornhusker Hotel.

Room cost: \$89/night + tax for single or double occupancy.

Mail to: The Cornhusker-Marriott Hotel
333 South 13th Street
Lincoln, NE 68508

Phone: **402-474-7474** FAX: 402-474-6006

Web site: www.thecornhusker.com

CONFERENCE REGISTRATION FORM

2010 NEBRASKA URBAN PEST MANAGEMENT CONFERENCE

Location: The Cornhusker-Marriott Hotel, Lincoln, NE

February 14-15, 2012

<http://entomology.unl.edu/upmregistration2012.pdf>

_____ \$140 **Registration** Fee (if postmarked by January 20, 2012)

_____ \$160 **Registration** Fee (after January 20, 2012)

_____ \$4000 **Exhibitor** Fee

Please make checks payable to: University of Nebraska UPM Conference.

Please print legibly.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ EMAIL _____

Please Mail to:

Attention: Dr. Shripat T. Kamble/Mrs. Jeri Cunningham
103 Entomology Hall.
Department of Entomology
University of Nebraska
Lincoln, NE 68583-0816

Phone: 402-472-2123

FAX: 402-472-4687

Name badge information: (Please print legibly)

Name _____

City _____ State _____

