

ROOM SHARE FORM

If you would like to share a room with another person attending the conference at the Algonquin Hotel, please fill out this form and sign your name below. Your name, address and telephone number will be put on a list and mailed to everyone who has filled out a room share form. Please return this form by August 1.

Name: _____

Address: _____

Telephone Number: (____) _____

Email address: _____

The School of Visual Arts has permission to distribute my telephone number and address to other participants interested in sharing a room at the Algonquin Hotel.

Signature: _____