



Rare Books and Manuscripts Section

Association of College and Research Libraries
A Division of the American Library Association

The 51st Rare Books and Manuscripts Section Preconference
JOIN, or DIE. Collaboration in Special Collections
Tuesday - Friday, June 22-25, 2010
Philadelphia, Pennsylvania
http://rbms.info/

DREXEL UNIVERSITY RESIDENCE HALL
RBMS DORM ROOM RESERVATION FORM

Please use this form to reserve residence hall accommodations on the Drexel Campus. Please fax to ACRL RBMS REGISTRATION at (312) 280 - 1538 by May 19, 2010.

Race Street Residences Address
3300 Race Street
Philadelphia, PA 19104
Front Desk Phone: 215-571-3103

Accommodations at Race Street Residences are "suite style." Each suite has two bedrooms which are designed for two-person occupancy (however, only one person will be assigned to each bedroom). Each bedroom has two extra-long twin size beds, two bureaus, two desks, and two closets/wardrobes. Linen Service will be provided and includes two flat sheets, blanket, pillow, pillow case, two bath towels and a washcloth. The suites have a private bathroom as well as a kitchenette with sink and refrigerator. All rooms are air-conditioned and non-smoking. Rooms do not include phones or TVs. If you do not include a roommate on your form, you will be assigned one of the same gender.

For a floor plan and further details see:
http://www.drexel.edu/dbs/universityHousing/residenceHalls/raceStreet/

- Single bedroom in 2 bedroom suite, \$54/ per person, per night (we will assign you a same-gender roommate)
Double Suite (2 people in 2 bedroom suite), \$108/per pair, per night (please include your roommate's information below)

Your Name: _____ [] Male [] Female
Arrival Date: _____ Approx. Arrival Time (if known): _____
Departure Date: _____ # of Nights: _____
Institution: _____
Phone: _____ E-mail: _____
Required for confirmation.

Roommate Name (if applicable): _____ [] Male [] Female
Arrival Date: _____ Approx. Arrival Time (if known): _____
Departure Date: _____ # of Nights: _____
Institution: _____
Phone: _____ E-mail: _____
Required for confirmation.

[] AMERICANS WITH DISABILITIES ACT ASSISTANCE - One or both of these participants will require Americans with Disabilities Act assistance on site. (An ACRL staff member will contact you.)

CHECK-IN:

Standard Housing Check-in time is 7:30 a.m. - 10:30 p.m. Mon – Fri and Sat/Sun 7:30 a.m. – 6:30 p.m. It is recommended that you check in between these times. If you must arrive late, the Public Safety Officer at the front desk will have to call a staff member on duty to issue your key and conference booklet. A room key and conference booklet will be provided to the conference participants upon check-in. **The booklet must be shown to the front desk receptionist to gain access to the hall, so please keep it with you at all times.**

CHECK-OUT:

Standard Housing Check-out time is by 5:00 p.m. on the day of departure. Room keys must be returned to the front desk upon check-out. Late check-out without prior front desk approval or absence of a check out at the front desk will result in charges for an additional night(s) stay.

LOST KEYS/CARDS:

There will be a charge for each lost or unreturned key. These charges, if applicable will be:

\$225.00 for each non-returned key

TELEPHONE/INTERNET ACCESS:

There is no phone provided in the rooms. It is recommended that you bring a cell phone. Internet service will be available for a fee, please ask at the front desk upon arrival.

PARKING:

If you plan to park and not move your car much until departure, Drexel Parking Garage is recommended. It is located on 34th and Market with the entrance on Ludlow Street. Parking is \$19 per night. If you would like a parking permit that allows in/out privileges during your stay, please contact Alexandra Pelberg, at the Drexel Conference Center (apelberg@drexel.edu or 215-895-6231).

SUMMARY OF PAYMENT:

For Double Suite: *If you and your roommate are not staying the same number of nights, use the first arrival date and last departure date for the room to determine the total number of nights.*

Single Room @ \$54 x _____ # of Nights = \$ _____

(or)

Double Room @ \$108 x _____ # of Nights = \$ _____

TOTAL: \$ _____

<p>PAYMENT METHOD:</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Enclosed check payable to ALA/ACRL</p> <p>Credit Card number _____</p> <p>Name on Card _____</p> <p>Expiration date _____</p> <p>Signature _____</p>

CANCELLATION POLICY

Refund requests must be submitted in writing prior to May 19, 2010, and are subject to a \$25 cancellation fee. Refunds will be processed and mailed after July 28, 2010. The preconference or any of its events may be cancelled in the case of insufficient registration. In the event that an ACRL-sponsored activity is canceled, ACRL cannot be responsible for any cancellation/change charges assessed to registrants by airlines, travel agencies, or hotel/housing organizations. I have read and agree to the terms of the cancellation policy.

Please initial: _____ & Date: _____

PLEASE REMIT BOTH PAGES WITH PAYMENT INFORMATION OR CHECK BY May 19, 2010.

TO REMIT BY FAX: Please fax to ACRL RBMS REGISTRATION at (312) 280 - 1538.

TO REMIT BY MAIL: ACRL RBMS REGISTRATION
50 East Huron St.
Chicago, IL 60611

QUESTIONS: Please call 800-545-2433 and press option #5.