

# NYU Steinhardt

Steinhardt School of Culture, Education, and Human Development

## **Speaking Out! 2008 NYU Housing Form**

Please note that you will not be registered for housing until this form is received with full payment. Please complete and return this housing form along with payment to the Office of Special Programs, 82 Washington Square East, 5<sup>th</sup> Floor, New York, NY 10003-6680. Fax: 212-995-4923. Phone: 212-992-9380

**Please make a copy of this form for your records.**

1. NAME: \_\_\_\_\_ 2. EMAIL: \_\_\_\_\_  
(First) (M.I) (Last)

2. BILLING ADDRESS: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

3. DAYTIME PHONE: \_\_\_\_\_ 9. NIGHTTIME PHONE: \_\_\_\_\_

4. CELL PHONE: \_\_\_\_\_

**Special needs:** \_\_\_\_\_

I will be accompanied by a co-survivor

I will be accompanied by a professional caregiver

**Please Indicate:**

Double Occupancy Room: \$90 per night (this is room has two twin beds)

or

Single Occupancy Room: \$65 per night (this is room has one twin bed)

**TOTAL:** \_\_\_\_\_ (room rate) x \_\_\_\_\_ (number of nights) = \$ \_\_\_\_\_

**Please Indicate:**

Arrival Date: Thursday, June 19 or Friday, June 20 or Saturday, June 21

Departure Date: Friday, June 20 or Saturday, June 21 or Sunday, June 22

**HOUSING PAYMENT ENCLOSED:** \$ \_\_\_\_\_

**I will pay by:**

Credit Card OR  Check

Credit Card Payment  Visa  MasterCard  American Express

Total Amount Authorized: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

(You may pay with credit card or a personal check made out to New York University)

New York University, Office of Special Programs, 82 Washington Square East, 5<sup>th</sup> Floor, NY, NY 10003