



RESIDENCE LIFE AND HOUSING

VISITOR HOUSING REGISTRATION FORM

ARRIVAL/DEPARTURE INFORMATION: *(please print clearly)* Reservation Number (office use only): _____

Arrival Date:	Departure Date:	Total nights:
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CONTACT INFORMATION: *(please print clearly)*

First Name:		Last Name:	
Address:		E-mail:	
City:		Phone:	<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> VP
State:	Zip:	Country:	
Total number of adults:		Total number of children (12 & under free):	

Purpose of your visit: <input type="checkbox"/> Conference <input type="checkbox"/> Prospective Student <input type="checkbox"/> MSSD Event <input type="checkbox"/> Research <input type="checkbox"/> Gallaudet Event <input type="checkbox"/> Other: _____

VISITOR HOUSING RATES

*Each night: \$33 for the first person/\$13 for an additional person in a double-occupancy room.
With linens: extra \$13 one-time fee for each person. We reserve the right to adjust the prices at any time.*

VISITORS' NAMES: *(including yourself if applicable)*

Office use only

First Name	Last Name	Sex	Age	Linens	Cost	RH	Room
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			

LINENS COST: \$ _____

TOTAL COST: \$ _____

SPECIAL HOUSING ACCOMMODATIONS: *(For medical/disability needs, select all that apply)*

<input type="checkbox"/> Bathtub <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Shower rails <input type="checkbox"/> Lower floors <input type="checkbox"/> Other: _____

PAYMENT INFORMATION: *(Payments must be received prior to retrieving housing assignments. Visa, MasterCard, and Discover credit cards and money orders (Payable to Gallaudet University) are accepted.) Further instructions regarding payments will be provided once Visitor Housing Registration form has been received.*

Payment Preference: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card (Online)
Name of person responsible for billing:
Contact Information: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> VP <input type="checkbox"/> Fax

(202) 651-5255 (V/TTY) • (202) 651-5757 (FAX) • (202) 250-2002 (VP)

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