

For Office Use Only

Date _____

Order _____

Apt _____

Summer Course of Study

July 4-July 30, 2010

Summer Housing Application

Please return this application before April 2, 2010. Please type or print in black ink.
Questions? Call Conference Services at (919) 660-1760.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Email Address _____

Your program dates are July 4 – July 30, 2010. Check-in begins in the Westbrook Lobby on Sunday, July 4 at 3:00pm and ends at 7:00pm. Check-in will also be held during registration on Monday, July 5 from 7:30am to 11:00am. For 2010 check-out must be before 1:00pm on Friday, July 30. Please plan travel arrangements accordingly.

Arrival date: _____ Approx. arrival time: _____

Departure date: _____ Approx. departure time: _____

CENTRAL CAMPUS APARTMENT REQUEST (air-conditioned)

Your request does not insure your space or the availability of the type of apartment requested. You will receive confirmation as soon as available space can be verified. Rental Rates are estimates; final rate confirmation will be confirmed prior to your arrival on campus. All facilities are non smoking.

Type requested: (rank 1st, 2nd and 3rd choices)

RENTAL RATES

_____ 1 bedroom (with 2 single beds, 1 bathroom)	\$46.70 per night (two people - \$23.35 per night, per person)
_____ 2 bedroom suite (each with a single bed, 1 bathroom)	\$46.70 per night (two people - \$23.35 per night, per person)
_____ 2 bedroom (each with a double bed, 1 bathroom)	\$57.45 per night (two people - \$28.72 per night, per person)
_____ 3 bedroom (each with a single bed, 2 bathrooms)	\$78.16 per night (three people - \$26.05 per night, per person)

RESIDENCE HALL REQUEST (air-conditioned)

Residence Halls are located on West Campus and are air-conditioned. All beds are low loft style. Bathrooms are shared and are located on each floor. Linens are not provided. Rental Rates are estimates; final rate confirmation will be confirmed prior to your arrival on campus. All facilities are non smoking.

Type requested: (rank 1 st , 2 nd , and 3 rd choices)	RENTAL RATES
_____ Single	\$34.60 per night
_____ Double	\$26.90 per person, per night
_____ Double as a Single	\$43.65 per night
_____ Gender	

ROOMMATE ASSIGNMENTS I would like to share housing with:

_____ **No one** (Available only for 1 bedroom apartments & single and double as single residence hall rooms.)

_____ **My family (list names)** Adults: _____ Children: _____ (ages) _____

_____ **Roommate(s) of my choice** (*To be assigned your requested roommate, both you and the requested roommate(s) must specify each other on the application.*)

Requested roommate(s) name(s), address (es), and phone number(s):

_____ **Please arrange a roommate for me if possible.** (*If a roommate is not available, you may request to be assigned to a different type of apartment or you have the option of paying the full price for the accommodations you requested.*)

PERSONAL DATA (For those applicants who wish to be placed with a roommate.)

Male or Female? _____ Age: _____

Important lifestyle features and roommate concerns: _____

Note: All campus housing is non-smoking

PAYMENTS/DEPOSITS

1. **\$50.00 rent deposit** - Due with application. This deposit will be **credited** to your total rent owed.
2. **\$50.00 damage deposit** - Due with application. Refundable.
3. **\$65.00 key deposit** - Due with application. Refundable. Deposit required for each key requested

Due at COS Registration – Balances due at check-in. Cash, checks, Traveler’s checks, or credit cards (Visa, MasterCard, American Express, or Discover) are acceptable. Applications for **phone and cable service** will be available for a one-time installation fee of approximately \$15.00 and a service charge of approximately \$43.00 per month. Payment for services will be due in full. Service must be connected by Duke Office of Information Technology. Local phone service, "0" plus dialing (collect and credit card), and voice mail are available. **Direct dialing of long distance calls is unavailable.** *Neither Duke Office of Information Technology nor Duke Conference Services will have phone units available for rent.*

CANCELLATION/REFUND POLICY

Cancellations must be received **in writing** no later than two weeks prior to your scheduled arrival date to receive a full refund. The \$50.00 rent deposit will be forfeited for cancellations received less than two weeks prior to the scheduled arrival date. The \$50.00 rent deposit and the \$50.00 damage deposit will be forfeited for cancellations received after your scheduled arrival date.

Any participant planning to vacate campus housing earlier than indicated on the application must give notice **in writing** to Conference Services at least one week before departure. Rent charges will be recalculated. If the one-week written notice is not given, the participant will be charged for one week of rent from the date of his/her departure

PAYMENT INFORMATION

All requests for campus housing must be accompanied by the \$50.00 rent deposit, the \$50.00 damage deposit, and the key deposit (number of keys requested X \$65.00). All residents will be issued at least one key. The minimum key deposit is \$65.00 (1 key). The \$50.00 rent deposit will be credited to your total rent owed. The \$50.00 damage deposit and key deposits will be returned within 60 days of your departure from Duke provided there are no damages to your campus housing.

Housing Deposit		\$50.00
Damage Deposit		\$50.00
Key Deposit	# keys _____ x \$65.00 =	\$ _____
TOTAL		\$ _____

_____ I have included a check payable to Duke University

_____ Please charge my credit card account.

Credit card# _____ Expiration Date _____

_____ Visa _____ MasterCard _____ Discover _____ American Express

Signature _____

(If paying by credit card you may fax all pages of your housing request to 919-660-1769.)

Housing arrangements will be confirmed at least two weeks prior to your arrival. Addresses may not be available until check-in day. You will receive information regarding the check-in location. My signature below certifies I have read the terms and procedures and agree to abide by the terms and conditions given.

Applicant Signature _____ Date _____

**Return completed application before April 2, 2010 to:
 Duke University Conference Services
 Box 90841
 Durham, NC 27708-0841
 Phone (919) 660-1760
 FAX (919) 660-1769**