



University of Rhode Island
College of Pharmacy

Summer Institute in Pharmacoepidemiology

Room Reservation Form

The Whispering Pines Conference Center June 9-11, 2008
www.wpinescc.com

Name: _____ Degree(s): _____

Title: _____

Affiliation: _____

Address: _____

City _____ State _____ Zip code _____

Telephone: _____ Fax: _____ E-mail _____

Approximate Arrival Time _____ (check-in is at 2:00pm)

Please specify any dietary restrictions: _____

Number of occupants: _____ Single occupancy \$360
_____ Double occupancy \$240 per person (specify roommate, or willingness to be assigned roommate).
_____ Total reservations \$ _____ Total cost

Fees include dinner on Monday and Tuesday nights, June 9 and 10, 2008, and breakfasts on Tuesday and Wednesday mornings, June 11 and 12, 2008. Lunches are included in the tuition fee (separate).

Charge to: VISA [] Mastercard [] American Express [] Cardnumber _____

Expiration _____ Signature _____

PAYMENT IS NON-REFUNDABLE AFTER May 8, 2008 Reservations will be honored in the order in which they are received.

Please fax this form to (401) 397-6540 or call (401) 397-3361, ext. 6056.

You may also mail this form to: Whispering Pines Conference Center, W. Alton Jones Campus, University of Rhode Island, 401 Victory Highway, West Greenwich, RI 02817