



TORCH VIII Registration



Field Trip, TORCH Business Meeting, and iDigBio Workshop
Friday 23 - Saturday 24 May 2014, Sul Ross State University, Alpine TX

Please see the TORCH VIII information package for many details relating to your registration. **Deadline: 2 May 2014**

Name: _____ Date: _____

Title: _____ Herbarium acronym: _____

Institution / University: _____

Mailing address: _____

E-mail address: _____ Best phone # while traveling: _____

Sul Ross Fletcher Hall lodging (please also fill out Guest Housing Agreement on 3rd page):

Date/ approx. time of arrival: _____/_____ Date/ approx. time of departure: _____/_____

Number of nights: _____ If double occupancy, roommate's name: _____

Single occupancy (\$30/night) OR Double occupancy (\$15/night) Nights X rate: \$ _____

One-time linen fee (\$10 per person) \$ _____

I require vegetarian meals Room cost total: \$ _____

I will attend the **field trip to Livermore Ranch on Fri May 23** ←-indicate here! \$ free

I wish to bring _____ (#) guests I will have a high-clearance vehicle with _____ (#) extra seats I need a ride

I will attend the **dinner Fri May 23** ←-indicate here so we can save you a seat \$_(self-pay)_

I wish to bring _____ (#) guests to the **dinner Fri May 23** \$_(self-pay)_

I will attend the **iDigBio Workshop on Sat May 24** (\$60 including all meals, dinner too!) \$ _____

I will give a presentation during the lightning round **on Sat May 24**

I won't attend the iDigBio Workshop but will attend the **dinner Sat May 24** (\$23 per person) \$ _____

I wish to bring _____ (#) guests to the **dinner Sat May 24** (\$23 per person) \$ _____

Total amount to be paid for registration: \$ _____

Please make your check out to "BRIT" & mail with completed forms so it will be received by **Friday May 2** to:
Amanda Neill, Botanical Research Institute of Texas, 1700 University Dr., Fort Worth TX 76107.

Or use the following page to enter your credit card information and mail (or scan and e-mail) both pages to Amanda Neill
(aneill@brit.org).

TORCH VIII Registration Credit Card Authorization Form

Mail or scan and e-mail to Amanda Neill, Botanical Research Institute of Texas, 1700 University Dr., Fort Worth TX 76107 or aneill@brit.org.

Be sure to include your registration form and Sul Ross Guest Housing Agreement (if applicable) with your payment form. Please make sure these are received by **Friday May 2**.

Name on card: _____

Billing address: _____

Billing phone number: _____

Type of card: Visa Master Card American Express

Card number: _____

Expiration date: _____

Card security code: _____

I authorize the charge of the TORCH VII registration total: \$ _____

Signed: _____

Printed name: _____

Date: _____

GUEST HOUSING AGREEMENT

SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

ALPINE, TEXAS

Name _____ A# _____

Address _____ City: _____

State: _____ ZIP: _____ Home Telephone _____

- I. PROPERTY DAMAGE** – The visitor is liable for any conditions requiring special cleaning or damages to the assigned unit, University property, lobbies, recreation areas, microwave ovens, TV rooms, laundry areas and other semipublic areas caused by his or her willful actions or negligence. The visitor will not be liable for damages caused by acts of God or for normal wear and tear. The visitor will receive a bill for the full amount of any above-mentioned damages. The said amount is due immediately and will prevent future visitation if not paid in full,
- II. LIABILITY** – The University does not assume any responsibility for loss or damage of personal property of visitor.
- III. OCCUPANCY PROVISION** – The University reserves the right to make assignments of accommodations as considered necessary. The University may terminate this agreement and take possession of the room or rooms for violation of this agreement, University or Residence Hall rules, regulations and policies.
- IV. KEYS** – The visitor will be required to return the room key at the time of departure to avoid a lock replacement fee. (\$125.00 for unit key and \$40.00 for individual bedroom key).
- V. ACCESS CARDS** – If provided with an access card to enter the building and the assigned wing, visitor will be required to return the card at the time of departure to avoid a \$5.00 replacement fee.
- VI. CHECK -OUT** – The visitor may check-out during posted office hours. Prior to departure, room key & access card must be returned and all trash removed from the room. There is a drop box located outside the lounge areas of the 2nd floor in each residence hall. Trash left in room may result in a \$25.00 fee.

Upon acceptance of housing under this agreement, the visitor agrees to abide by all published University and Residence hall rules, regulations, and policies.

By signing below, I do hereby acknowledge that I have read and agree to the terms and conditions of this agreement and do hereby agree that I will abide by and be legally bound to the terms and conditions of this agreement.

Guest Signature (Sponsor/Parent if under 18)

Date

Staff Signature

Date

OFFICE USE:

- () Graduate/Weekend Student
() Group _____
() Guest of _____
() Recruit _____
() SRSU Guest _____

Office Use Only

Bldg/Rm# _____

Dates: CHECK- IN _____

CHECK-OUT _____

Amount Paid \$ _____ Receipt # _____

Key(s) Issued () Yes () No

Key (s) Returned () Yes () No (\$125)

Bdrm key(s) Issued () Yes () No

Bdrm key(s) Returned () Yes () No (\$40)

Access Card Issued () Yes () No # _____

Access Card Returned () Yes () No (\$5)

Additional Charges \$ _____

Staff Checking out Guest:
