

## ACADEMIC TRAVEL PACKAGES

The following academic packages are available on a first-come, first-serve basis. Your reservation will be confirmed via email:

Commuter package for those not needing hotel reservations. Package includes registration for students and faculty. School costs: \$10 per person. At least one faculty member is required for every 4-8 students. Four student minimum.

Travel package for those needing hotel accommodations. Package includes registration for students and faculty and hotel rooms for one nights.

- 4 to 6 students and 1 faculty. Two hotel rooms. School cost = \$100
- 7 to 10 students and 1 faculty. Three hotel rooms. School cost = \$165
- 11 to 14 students and 2 faculty. Four hotel rooms. School cost = \$230

Additional compensation is available for those flying to the conference. Students will need to provide a copy of their plane ticket at the conference and will receive a check in the mail after the conference.

- Short length air travel (New England, IL, DC, MD, VA, etc.) \$100/person
- Mid-length air travel (FL, GA, LA, MO, NE, TX, etc.) \$200/person
- Distant air travel (CO, CA, UT, etc.) \$250/person

Yes, I want to take advantage of this special offer to attend the 2007 AAPC Academic Conference. I understand that my reservation is not confirmed until the full payment is received by the Bliss Institute. Payments are non-refundable. I will also provide the names of the students planning on attending the conference to the Bliss Institute no later than September 14, 2007.

Institution \_\_\_\_\_

Faculty name \_\_\_\_\_

e-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Please reserve conference registration for \_\_\_\_\_ students and \_\_\_\_\_ faculty members. I want to take advantage of the following package (please check one):

☐ Commuter Package – 1 faculty and 4 student minimum \$10/person.

☐ Travel Package –  
4 to 6 students and 1 faculty. \$100

7 to 10 students and 1 faculty. \$165

11 to 14 students and 2 faculty. \$230

**Total \$** \_\_\_\_\_

Please return this form with payment by September 14, 2007, to:

**Bliss Institute**, The University of Akron, Akron, OH 44325-1914; fax: 330-972-5479. Your reservation will be confirmed by e-mail.

### Payment Method

☐ Check (Make payable to Bliss Institute)

☐ Credit Card (provide information below)

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

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address of Card (if different than above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attach your check to this form and mail to: The Bliss Institute, University of Akron, Akron, OH 44325-1914. Your reservation will be confirmed by e-mail.