**NAACL HLT 2016**

**Student Accommodation Reservation Request**

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| --- | --- | --- | --- |
|  | **Last Name** | **First Name** | **Email Address** |
| **Requestor:** |  |  |  |
| **Sharing with:** |  |  |  |
|  |  |  |  |
|  | **Reservation Dates:** | **Want to share a room?** | **Gender?** |
| **Arrival Date:** |  | No, I want my own room [ ] | Female [ ] |
| **Departure Date:** |  | I have someone (above) [ ] | Male [ ] |
|  |  | Please assign someone [ ] |  |
| **NOTES:** 1) The ACL will guarantee holding the rooms for the Students. 2) Please inform us immediately if you must cancel or change arrival/departure dates (email to [acl@aclweb.org](mailto:acl@aclweb.org)). 3) Remember to email a copy of your Student Identification to Priscilla Rasmussen ([acl@aclweb.org](mailto:acl@aclweb.org)) to validate your reservation. | | | |