

# The Animal Medical Center

## Housing Application - Education Department

510 East 62nd Street New York, New York 10021-8302

Phone: (212) 329-8614 Fax: (212) 308-2358 continuing.education@amcny.org

**\*\*\*\*HOUSING IS NOT AVAILABLE JUNE 1 THROUGH JULY 20\*\*\*\***

The Animal Medical Center maintains a limited number of studio apartments.

**The fee is \$50.00 PER NIGHT, PER PERSON.**

Beds are assigned on a first-come, first-serve basis. You may have to share an apartment. Each apartment has a kitchen, bathroom facilities and bed linens. You are responsible for bringing towels and toiletries. **Once your travel dates have been finalized**, you may apply for Animal Medical Center housing by filling in this form. Please mail, fax or email the completed form **with payment** to the attention of: Continuing Education

**Full Payment for Housing Must Accompany this Application.** Credit cards will be processed and checks will be deposited upon receipt. You may also wire payment to us through your bank. Please contact Tim McLaughlin at (212) 329-8614 for instructions on this option. If you must cancel your housing reservation, you must notify Tim McLaughlin no later than one week before your check-in date and you will receive a complete refund.

Name \_\_\_\_\_  
(Last/Surname) (First) (Middle)

Gender F \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

First Night of Stay: Month/Date/Year \_\_\_\_\_

Last Night of Stay: Month/Date/Year \_\_\_\_\_ Total Number of Nights: \_\_\_\_\_

Method of Payment:  Check  Money Order/Cashier's Check

Please make checks payable to: The Animal Medical Center

Amount of payment enclosed \$ \_\_\_\_\_

Credit Card Circle One: Master Card Visa American Express Discover

Credit Card payments require all of the following information, including a signature of the card holder :

Credit Card Number \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Bank \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

AMC Use Only : Room # \_\_\_\_\_ Initials \_\_\_\_\_