

Name of Event: Multilevel Modeling with HLM and SPSS 2020

**Date of Event:** June 28 – July 2, 2020 **Lodging Type:** North Apartments **Return by:** June 19, 2020

Participant Name:	
I,(Cardholder name)	, authorize UMass Conference Services to charge
my card,	,, with
expiration date, i	in the event of any residence hall damages, unreturned
room key(s) and/or unreturned access c	eard(s). I understand that \$60.00 will be charged for each
lost/damaged key and \$20.00 will be ch	narged for each lost/damaged access card. The billing
address for this card is	(street address, city, state, zip)
The 3-digit security code on the back of	f the card (or on the front of the card for American
Express) is:	
	Signature of Card Holder
	Print Name
	Date

This form may be returned by fax or mail, or you can call the UMass Registration Office to complete it by phone.

Do not return this form by email.