

# UConn HEALTH

## DEPARTMENT OF NEUROSCIENCE Hotel Room Sharing Agreement Form

We voluntarily agree to share a room with each other at the following conference, \_\_\_\_\_  
held on the following dates \_\_\_\_\_, and agree we were not forced into this  
by anyone within the Department of Neuroscience or at UConn Health. We also agree that we do not  
report to each other in any capacity within our positions at UConn Health.

Must be signed by all travelers sharing a room.

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Traveler 1 (Print Name)

Signature

Date

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Traveler 2 (Print Name)

Signature

Date

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Traveler 3 (Print Name)

Signature

Date

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Traveler 4 (Print Name)

Signature

Date

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Riqiang Yan, PhD

Department Chairman

Signature

Date