REQUEST FOR ACCOMMODATION AT WALTER GAGE COMPLEX

		Canadian W	/orkshop on Inf June 3 – 6, 20		Theory		
LAST NAME	First Name						
STREET ADDRESS:							
Cny:		PROVINCE/STATE: POSTC			2:		
Country:		TELEPHONE:					
Arrival Date Check-in 3 pm	Month	Day	DEPARTURE D Check-out 11.		Month	Day	
	_		Mak	Female			
Room T	RATE/NIGHT						
[[Premium common le	Single Room with Was Single Room with telep punge, washroom shared	bhone, TV in 1 between 4 guests	\$	333.00 47.00		
Single Suite with Private Washroom			om*	\$69.00			
Double Suite (1 queen bed)*				\$89.00			
Court Suite (2 twin beds, 1 queen be							
		ides TV, telephone, kitc	-				
* Court suites are ba	sed on double oc	cupancy. A charge of \$1	15.00 per person per ni	ght will apply	y for each additi	onal person.	
If requesting a Suite, please advise number of people:							
Single rooms with sha	All rates quoted	vill be substituted when in Canadian funds and a				ommodated.	
Full payment in Canadi cheques). There is no guarantee re be guaranteed with a cr A one-night cancellatior Refunds of deposits wil	equired for Standa edit card or with 1 charge applies if	rd Single Rooms. Howe a deposit by bankdraft in cancellation in writing	ever, Premium Single R n Canadian funds for tl is not received 48 hours	cooms and pri he equivalent	ivate washroom of one night.	· •	
VISA MASTER CARD AMEX Credit			lit Card Number	EXPIRY DATE:			
Cardholder's Signature:				DATE SIGNED:			
Please mail or fax this Reservations Office, UBC 5961 Student Union Blvd	C Conference C	entre					
Fel: (604) 822-1000 Fax: Website: http://www.con				G	ROUP CODE:	G10603A	
Website: http://www.con When Mailing Please Ini				No			