

CSTCC 2016

CONFERENCE ACCOMMODATIONS RESERVATION FORM

Please complete this form in full and submit by fax to 306-585-5457 or e-mail as an attachment to bookings@uregina.ca

PERSONAL INFORMATION

Last Name:		First Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address:			Email Address:		Phone number: ()		
P.O. Box (if needed):		City:		Prov:		Postal Code:	

CONFERENCE INFORMATION

Conference or Group Name:			
Date of Arrival: / /	Time of Arrival:	Date of Departure: / /	Time of Departure:
Room Type:	Cost Per Person Per Night:	Select:	
Single Occupancy (1 person per bedroom)	\$57 (plus GST & PST)	<input type="checkbox"/>	

PAYMENT INFORMATION

Please provide credit card information to complete your reservation.
 Without a credit card number on file, your room(s) will not be booked.

Payment Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Card Number:	Name on Card:		Expiry: MM YY
Signature:			

TERMS AND CONDITIONS

- Prices are in Canadian Dollars and do not include taxes.
- Full term of accommodation will be debited from the credit card supplied either after May 1 of the year, or at time of booking.
- **Cancellations** may be made before 4:00 PM (Regina, SK local time) **4 days prior to arrival date**. Cancellation after this time will result in one night's fees being assessed to the credit card on file.
- **Check-in time is after 2:00 pm, Check-out time is by 11:00 am.**
- Accommodation is subject to availability.

I agree to the Terms and Conditions of this reservation form.

Signature

Date