

The University of Manitoba
ACCOMMODATION RESERVATION FORM
Campus 2000 - June 4 - 6, 2000

Please print or type:

NAME: _____
LAST NAME: _____ FIRST NAME: _____

NO. & STREET: _____ CITY: _____

PROV./STATE: _____ POSTAL/ZIP CODE: _____ PHONE: (____) _____

ARRIVAL DATE & TIME: _____ DEPARTURE DATE: _____

- ! **In the event of cancellation under 48 hours or "no show" your payment will be refunded less the first night.**
- ! **All taxes are included in the rates quoted. ALL CHEQUES MUST BE IN CANADIAN FUNDS.**
- ! **Payment may be personal cheque, money order, VISA or MASTERCARD only.**

_____ night(s) single at \$34.77 per night = \$ _____

_____ night(s) double at \$25.65 per person, per night = \$ _____

Admin Fee (one time only) = \$ 5.00

TOTAL = \$ _____

\$ To assist with room assignments, please indicate: Male _____ Female _____

\$ **Sharing accommodation with: _____

\$ Note: a roommate will be assigned, if one is not indicated by you.

Do you require special accommodation because of physical limitations ?

Please specify: _____

\$ Will you require a parking space near the Residence? Yes _____ No _____

Please Note: *All rooms are supplied with bedding, towels and facecloths.
Shared washrooms are centrally located to sleeping areas.
The residences are not air conditioned.*

PAYMENT INFORMATION: send your cheque or money order payable to: The University of Manitoba in **Canadian Funds** or indicate choice of credit card. Faxed forms require a credit card authorization:

I authorize payment of accommodation \$ _____ by _____ VISA / or _____ MASTERCARD

_____ Expiry Date: _____
complete card no. month/year

_____ date signed
cardholder's signature

Payment MUST BE IN FULL and postmarked no later than midnight May 4, 2000

Please send this Request for Accommodation form to the address or fax number below.

The University of Manitoba, Special Functions Department
Room 230, University Centre, Winnipeg, Manitoba R3T 2N2
Tel. (204) 474-8337, Fax. (204) 474-7569
GST R# 119260669