McMASTER UNIVERSITY

UNIVERSITY ACCOMMODATION

Group Reference: **SHARK World Championships – August 2 – 9, 2008**

On campus accommodation, in Hedden Hall, is available to delegates. This residence features single and double occupancy rooms (single beds) with shared washroom facilities. Delegates are asked to complete and return the *Pre-Registration Accommodation Form* below by **Friday, July 4, 2008. PAYMENT IS PRE-PROCESSED UPON RECEIPT OF ACCOMMODATION FORM.** Confirmations along with directional information and check-in location will be sent to delegates who have pre-registered.

ACCOMMODATION ONLY **$53.14 per person, per night (Single Occupancy)**
$43.90 per person, per night (Double Occupancy) (*Roommate's name must be included for double rate to apply. Single rate will be charged if no roommate indicated)*

The above rates include: 1 night accommodation, linens, 5% GST and 5% PST. Parking is not included (see below).

Refunds will be granted (less a $25.00 administrative fee) if notification of cancellation is received 48 hours in advance of arrival date. No-shows will not receive any refund.

PRE-REG ACCOMMODATION FORM - ***PLEASE PRINT CLEARLY***

LAST NAME		FIRST NAME	☐ MALE ☐ FEMALE
ADDRESS		CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE	E-MAIL **(PRINT)**	FAX CELL PHONE EXT

ARRIVAL DATE	DEPARTURE DATE	

Single Occupancy
$53.14 per person, per night x _______ x _______ = $ _________
# of people # of nights

Double Occupancy
$43.90 per person, per night x _______ x _______ = $ _________
# of people # of nights

Roommate (if applicable): ______________________________

Is Roommate Paying Separately? YES ☐ NO ☐ (if yes, roommate must submit own form with appropriate information)

Parking Required? (Monday to Friday only)

YES ☐ NO ☐

$5.00/day x _________ = $ __________
# of days

NOTE: No charge after 3pm on Friday or Saturday/Sunday.

METHOD OF PAYMENT **(Sorry, no personal cheques)**
☐**VISA** ☐**MASTERCARD** ☐**MONEY ORDER** ☐**INSTITUTIONAL CHEQUE (**PAYABLE TO McMASTER UNIVERSITY**)**

CREDIT CARD INFORMATION

NOTE: WE DO NOT ACCEPT AMEX

CARD HOLDER ________________________________

CARD # ________________________________

EXPIRY DATE ____________________

SIGNATURE OF CARD HOLDER

____

RETURN COMPLETED FORM WITH PAYMENT TO:
Conference Services
McKay Hall Room 124
McMaster University
1280 Main Street, West
Hamilton, Ontario
Canada L8S 4K1

Fax: 905-529-3319
E-Mail: meet@mcmaster.ca DO NOT E-MAIL FORM
Phone: 905-525-9140, x26898 or x24781

Freedom of Information and Protection of Privacy Act - go to: http://conference.mcmaster.ca/conf_accom_forms.htm

OFFICE USE ONLY

DATE RECEIVED: _________________ RMS ID#: ___________

CONFIRMATION SENT: _____________ METHOD: **P M E F**

ROOMMATE RMS ID#'S: ______________________________

STAFF INITIAL: _________

- -

PAYMENT PROCESSED: $ ______________ DATE: ___________

AUTHORIZATION #: ____________________

EJE/FS #: ________________________

AMOUNT OWING UPON ARRIVAL: $ ______________

RMS UP-DATED WITH FINANCIAL INFO ☐ STAFF INITIAL: _______