



Accommodation Reservation Request Form

Residence and Conference Services – Bishop's University

Theory Canada 8 Conference May 23 – 26, 2013

Please fax your completed reservation form to 819-822-9615 by April 18th, 2013.

After this date, reservations will be accepted upon availability and the preferred rate may no longer be guaranteed.

Last Name _____ **First Name** _____ **Gender:** Male / Female
Arrival Date ____/____/____ **Departure Date** ____/____/____ **Preferred Language:** English/French
Address _____
City/Town _____ **Postal Code** _____ **Province/State** _____ **Country** _____
Telephone Number _____ **Email** _____

<input type="checkbox"/> Single Occupancy: 1 room with a single bed. Includes shared bathroom with one other room. You may request a roommate: First Name: _____ Last Name: _____	<i>\$43.95 per person per night.</i>	
<input type="checkbox"/> Quadruple Occupancy: 3 rooms with single beds, 1 room with a double bed. 2 bathrooms, living area, kitchen. You may request roommates: Roommate 1: First Name: _____ Last Name: _____ Roommate 2: First Name: _____ Last Name: _____ Roommate 3: First Name: _____ Last Name: _____	<i>\$45.50 per person per night.</i>	
Meal Packages:	Number of meals requested:	Total price (before taxes):
Breakfast (\$6.40 (+ taxes) per meal):		
Lunch (\$10.10 (+ taxes) per meal):		
Dinner (\$12.35 (+ taxes) per meal):		
Package (3 breakfasts & 2 lunches: \$33.95 (+ taxes)):		
TOTALS		

PLEASE NOTE: Your reservation and/or preferred room type are NOT guaranteed until you receive confirmation from Residence and Conference Services, Bishop's University. Room rates do NOT include applicable taxes (GST/TPS: 5% and PST/TVQ: 9.9975%). Reservations will be confirmed only if this form has complete credit card information. Notice of cancellations must be received no later than 24 hours prior to arrival date. We will not charge your credit card until you arrive. If you do not check in or cancel with less than 24 hours' notice, we will charge you for one night's stay.

To guarantee the room, please complete the following:

Credit Type (please circle): Visa Mastercard American Express
Credit Card Number _____ **Expiration Date** _____ **CVC** _____
Cardholder Signature _____ **Date** _____

Check In Time: 4:00pm ---- Check Out Time: 11:00am