

REQUEST FOR ACCOMMODATION AT THE GAGE TOWERS AND WEST COAST SUITES

NMC Annual Summer Conference
06/16/04 - 06/19/04
Group Code: G40613A

Last name: _____ Male
First name: _____ Female
Street address: _____
City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone: (____) _____ Arrival: ____/____/____ Departure: ____/____/____
mo./day/yr. mo./day/yr.

Will you require parking? (\$5.00+ 7% GST per night/vehicle) Yes No

REQUESTED ACCOMMODATION

RATE PER NIGHT (PLUS APPLICABLE TAXES)

- | | |
|--|----------|
| <input type="checkbox"/> Premium Single room with telephone, TV in common lounge, and washroom shared between 4 guests | \$49.00 |
| <input type="checkbox"/> *One-bedroom Suite (1 queen bed) | \$103.00 |
| <input type="checkbox"/> *West Coast Suite (2 twin beds & 1 queen sofa-bed or Murphy-bed) | \$123.00 |

***Includes TV, telephone, kitchenette and private washroom.**

- If requesting a One-bedroom Suite, West Coast Suite please include names of all additional guests staying in the suite/apartment in the space below:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

- Rate for West Coast Suite based on double occupancy. A charge of \$15.00 per person will apply for each additional guest (maximum occupancy is 4 persons).
- Single rooms with shared washroom will be substituted when requests for private-washroom suites cannot be accommodated.

Check-in time: 3:00 PM

Check-out time: 11:00 AM

PAYMENT INFORMATION

All rates are in Canadian dollars and are subject to 7% Goods and Services Tax and 8% Provincial Hotel Tax. Full payment is due upon check-in. Cash, travellers' cheques, VISA, MasterCard, American Express or Interac are accepted (no personal cheques please). To reserve a room, please provide the following information (you will not be billed at this time):

CARD NUMBER: _____

EXPIRY DATE: ____/____/____ (month/year) VISA MASTERCARD AMEX

CARDHOLDER'S NAME (PLEASE PRINT) _____

CARDHOLDER'S SIGNATURE _____

DATE _____

- To avoid a one-night room charge, cancellations must be received 48 hours prior to check-in date.

FAX OR MAIL YOUR REQUEST TO:

Reservations Office
Conferences and Accommodation at UBC
5961 Student Union Blvd.
Vancouver, BC, Canada, V6T 2C9 Fax: (604) 822-1001

If mailing, please indicate if you've already faxed your request. Yes No

WOULD YOU LIKE TO RECEIVE CONFIRMATION OF YOUR BOOKING? Yes No
IF SO, HOW WOULD YOU LIKE TO RECEIVE YOUR CONFIRMATION?

Email: _____

Fax: (____) _____

Mailed to the address provided on this form

IMPORTANT:

Book as early as possible for best selection. A limited number of each room type is being held until **May 17, 2004 only. After this date, or as soon as all held rooms are reserved, we will not guarantee the group rate.**

To view floorplans and photos please visit
www.ubcconferences.com

Phone: (604) 822-1000 Fax: (604) 822-1001 Email: reservation@housing.ubc.ca