# McMASTER UNIVERSITY

## UNIVERSITY ACCOMMODATION

Group Reference: **ACSD Conference - June 16 - 18, 2004**
**MOMPES Workshop - June 15, 2004**

On campus accommodation in the Mary E. Keyes Residence is available to all delegates. This residence is suite style featuring 4 single bedrooms, common area and two private washrooms. Delegates are asked to complete and return the *Pre-Registration Accommodation Form* below by **Friday, May 14, 2004. Payments** are processed upon receipt of form. Confirmations along with directional information and check-in location will be sent to delegates who have pre-registered. **Refunds** will be granted if written notice of cancellation is received by Housing & Conference Services by 4:00 p.m., **Friday, June 11, 2004.** Cancellations are subject to a $20.00 administrative fee. No-shows will not receive any refund. **NOTE**: upon arrival, credits/refunds will NOT be granted for any un-used portion of your reservation.

**ACCOMMODATION & BREAKFAST** **$71.06** per person, per night

*This rate includes: 1 night accommodation, 1 continental breakfast, bed linens, towels, parking, 7% GST and 5% PST.*

## PRE-REG ACCOMMODATION FORM - PLEASE PRINT CLEARLY

| | | | |
|---|---|---|---|
| LAST NAME | | FIRST NAME | " MALE " FEMALE |
| ADDRESS | | CITY | PROVINCE/STATE |
| COUNTRY | POSTAL/ZIP CODE | E-MAIL | FAX<br>PHONE |

| | | |
|---|---|---|
| ARRIVAL DATE | DEPARTURE DATE | METHOD OF PAYMENT (Sorry, no personal cheques)<br>9 VISA 9 MASTERCARD 9 INSTITUTIONAL CHEQUE (**CHEQUES PAYABLE TO McMASTER UNIVERSITY**) |

**ACCOMMODATION & BREAKFAST**

$71.06 per person, per night x _____ x _____ = $ _____
# of people # of nights

**PREFER TO SHARE SUITE WITH (if applicable):**

1)_____

2)_____

3)_____

Are above delegates' paying separately? YES 9 NO 9

**OFFICE USE ONLY**

Date Received: _____ Payment Processed:$_____

Amount Owing Upon Arrival (if applicable): $_____

RMS ID# _____ Staff Initial _____

Other RMS ID # 's_____

Confirmation Sent: _____ Method: P M E F

Meal Count Completed: # _____

**CREDIT CARD INFORMATION**

CARD HOLDER _____

CARD # _____

EXPIRY DATE _____

SIGNATURE OF CARD HOLDER

_____

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

**Fax: 905-529-3319**
**E-Mail: confs@mcmaster.ca**
**Phone: 905-525-9140, x24781**

**GROUP REFERENCE: ACSD Conference**
**MOMPES Workshop**