

RESERVATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario N0H 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: confcentre@unifor.org

Event/Conference Name: _____

Arrival Date: _____ Departure Date: _____

Guest Mailing Address Information

Local Union: _____

Guest Name: _____ Gender: _____

Address: _____ City: _____

Province/State: _____ Postal Code/Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Labour Organization/Corporate Mailing Address Information

Organization Name: _____

Address: _____ City: _____

Province/State: _____ Postal Code/Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Family Information - complete names only if they are attending:

Spouse/Partner attending: Yes No Name: _____

Children Attending: Yes No Child Care Required: Yes No

(Check with your event/conference organizer if childcare is offered and, if so, request a childcare form for completion)

Name: _____ DD/MM/YY: _____ Name: _____ DD/MM/YY: _____

Name: _____ DD/MM/YY: _____ Name: _____ DD/MM/YY: _____

Emergency Contact: _____ **Phone:** _____

Special Requirements (i.e. diet, accessible room, no stairs, medical, off-site accommodations, etc.)

No: Yes: Explain: _____ Off-site meal package

Do you smoke? No: Yes: (If so, we will provide ground floor access to patio if available)

Rooming Request (Partner): _____

METHOD OF PAYMENT

Full payment for room and board will be made by (please check one):

Labour Organization (Union/Union Associate) Corporate (Non-union) Guest

I authorize payment of the following accommodations for this delegate:

shared room with another delegate delegate only single room delegate & family

Contact person to authorize payment: _____

Title: _____ Signature: _____

Method of payment (please check one): M/C Visa American Express

Credit card number: _____ Expiry Date: _____ / _____ (mm/yy)

Cheque: *Payable to Unifor Family Education Centre - send with this form - no personal cheques*

Registration Fee: # _____ \$ _____

Room and Board Fee: # _____ \$ _____

If costs incurred are not covered by your local, please complete the following information:

Personal Visa/MC/AMEX: _____ Expiry Date: _____ / _____ (mm/yy)

I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice. The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: _____ Date: _____