

RESERVATION FORM

Unifor Family Education Centre

115 Shipley Avenue, Port Elgin, Ontario N0H 2C5

Toll Free: 1.800.265.3735 ext. 3221

Email: confcentre@unifor.org



Event/Conference Name: _____

Arrival Date: _____ Departure Date: _____

PLEASE FILL OUT FORM COMPLETELY

GUEST INFORMATION

Guest Name: _____ Local Union: _____

Address: _____ City: _____

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

Phone: _____ Email: _____ Gender: _____

Emergency Contact: _____ Phone: _____

LOCAL INFORMATION/COMPANY INFORMATION

Local Name: _____

Address: _____ City: _____

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

Phone: _____ Email: _____

FAMILY INFORMATION - Complete **ONLY** if they are attending:

Name of Spouse/Partner attending: _____

Name of child attending: _____ DD/MM/YY _____

Is Childcare Required: Yes ___ No ___

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

Special Requirements (i.e. food allergies, special dietary restrictions due to medical issues, accessible room, no stairs, medical) Explain:

Do you smoke? No: ___ Yes: _____

Rooming Request (Partner): _____

METHOD OF PAYMENT

I authorize payment of the following accommodations for this delegate:

_____ Shared room with another delegate – Double Accommodation

_____ Delegate only - Single Accommodation

_____ Delegate & family

Contact person to authorize payment: _____

Title: _____ Signature: _____

Method of payment (credit card or cheque):

Credit card #: _____

Expiry Date: ____/ ____ (mm/yy) CVC _____

Cheque # _____

If paying by cheque, please make payable to Unifor Family Education Centre and send in with this form - no personal cheques

Registration Fee: # _____ \$ _____

Room and Board Fee: # _____ \$ _____

IF COSTS INCURRED ARE NOT COVERED BY YOUR LOCAL, PAYMENT WILL BE COLLECTED AT CHECK IN

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: _____

**CHECK-IN 3:00p.m. CHECK-OUT 10:00 a.m.
NO PETS ALLOWED**