

# 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](mailto: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**