

McMASTER UNIVERSITY

Group Reference: Alma Software Meeting – May 30 – June 4, 2009

On campus accommodation, in the Mary Keyes Residence, is available to delegates. This residence is suite style featuring 4 single bedrooms, common area and two private washrooms per suite. Delegates are asked to complete and return the *Pre-Registration Accommodation Form* below by **Friday, May 8, 2009**. **PAYMENT IS PRE-PROCESSED UPON RECEIPT OF ACCOMMODATION FORM**. Confirmations along with directional information and check-in location will be sent to pre-registered delegates.

ACCOMMODATION ONLY \$54.73 per person, per night
Rate includes: 1 night accommodation, linens, 5% GST and 5% PST. Parking is not included.

Refunds will be granted (less a \$25.00 administrative fee) if notification of cancellation is received 48 hours in advance of arrival date. No-shows will not receive any refund.

PRE-REG ACCOMMODATION FORM - PLEASE PRINT CLEARLY

LAST NAME		FIRST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS		CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE	E-MAIL	FAX
			PHONE

ARRIVAL DATE	DEPARTURE DATE	METHOD OF PAYMENT (Sorry, no personal cheques) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> INSTITUTIONAL CHEQUE (CHEQUES PAYABLE TO McMASTER UNIVERSITY)
--------------	----------------	---

Mary E. Keyes Residence (Suite Style)
\$54.73 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 NO (if yes, roommates must submit own form with appropriate information).

OFFICE USE ONLY

DATE RECEIVED: _____ CONFIRM #: _____
CONFIRMATION SENT: _____
ROOMMATE CONFIRM #'S: _____
STAFF INITIAL: _____

PAYMENT PROCESSED: \$ _____ DATE: _____
AUTHORIZATION #: _____
EJE/FS #: _____
AMOUNT OWING UPON ARRIVAL: \$ _____
SR UP-DATED WITH FINANCIAL INFO STAFF INITIAL: _____

CREDIT CARD INFORMATION

CARD HOLDER _____
CARD # _____
EXPIRY DATE _____
SIGNATURE OF CARD HOLDER _____

Parking Required? YES NO

\$5.00/day x _____ = \$ _____ (Sat & Sun)
of days

\$10.00/day x _____ = \$ _____ (Mon to Fri)
of days

RETURN COMPLETED FORM WITH PAYMENT TO:

Conference Services
McKay Hall Room 124
McMaster University
1280 Main Street, West
Hamilton, Ontario
Canada L8S 4K1 or Fax To: 905-529-3319

Questions/concerns ... please e-mail or call:
meet@mcmaster.ca
Phone: 905-525-9140, x26898 or x24781

NOTE: DO NOT E-MAIL ACCOMMODATION FORM

Freedom of Information and Protection of Privacy Act - go to: http://conference.mcmaster.ca/conf_accom_forms.html