

**REQUEST FOR ACCOMMODATION  
AT WALTER GAGE COMPLEX**

University of British Columbia, Vancouver



**TEX USERS GROUP  
August 14-20, 1999**

LAST NAME:		FIRST NAME:	
STREET ADDRESS:			
CITY:	PROVINCE/STATE:	POSTCODE/ZIP :	
COUNTRY:	TELEPHONE:		

ARRIVAL DATE CHECK-IN 2 PM	<input type="text"/>	<input type="text"/>	DEPARTURE DATE CHECK-OUT 11AM	<input type="text"/>	<input type="text"/>
ESTIMATED TIME OF ARRIVAL	MONTH	DAY		Month	Day
	<input type="text"/>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	

**ACCOMMODATION**

ROOM TYPES:	RATE/NIGHT
<input type="checkbox"/> Single Room with Shared Washroom	\$33.00
<input type="checkbox"/> Premium Single Room with telephone, TV in common lounge, washroom shared between 4 guests	\$47.00
<input type="checkbox"/> Single Suite with Private Washroom*	\$62.00
<input type="checkbox"/> Double Suite (1 queen-size bed)*	\$95.00
<input type="checkbox"/> Court Suite (2 twin beds, 1 queen-size bed)*	\$110.00*

\*(includes TV, telephone, kitchenette and private washroom.)

Single rooms with shared washroom will be substituted when requests for private washroom suites cannot be accommodated.

\* Court suites are based on double occupancy. A charge of \$10.00 per person per night will apply for each additional person.

If requesting a Suite, please advise number of people:

All rates quoted in Canadian funds and are subject to 7% GST and 8% Hotel Tax.

**PAYMENT INFORMATION**

- Full payment in Canadian funds is due at check-in by cash, travellers' cheques, VISA or MasterCard (no personal cheques).
- There is no guarantee required for shared washroom accommodation. However, private washroom accommodation must be guaranteed with VISA or MasterCard or with a deposit by bankdraft in Canadian funds for the equivalent of one night.
- A one-night cancellation charge applies if cancellation in writing is not received 48 hours prior to check-in date.
- Refunds of deposits will be subject to a \$15.00 administration charge.

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	_____	EXPIRY DATE: _____
		Credit Card Number	Month/Year
CARDHOLDER'S SIGNATURE: _____		DATE SIGNED: _____	

Please mail or fax this request before **July 14, 1999**

Reservations Office, UBC Conference Centre  
5961 Student Union Blvd., Vancouver, BC, Canada V6T 2C9  
Tel: (604) 822-1010 Fax: (604) 822-1001  
Website: <http://www.conferences.ubc.ca>

**GROUP CODE: G90815E**

WHEN MAILING PLEASE INDICATE IF PREVIOUSLY FAXED OR EMAILED  YES  NO