

## **NEW RESIDENCE** Summer Accommodation Request Form

## 2014 AARMS-CRM Workshop

## **Contact Information**

Last Name:	First Name:	
Address:		
Province/State:	Country:	Postal/Zip Code:
Telephone Number: (	) Fax Number: ()	
E-mail (PRINT CLEARLY	():	
<b>Booking Information</b>		
Male $\square$ Female $\square$		
Check-In Date:		Time:
Check-Out Date:		Time:
Rates:	Single Room 1 Twin Room, Semi-Private Washroom	Suite 2 Twin Rooms with Washroom
Students, Alumni, & Seniors	<b>\$40.00</b> /night □	<b>\$60.00</b> /night □
Regular	<b>\$45.00</b> /night □	<b>\$65.00</b> /night □
AMOUNT DUE: # nig	x \$ = \$ _	Total
Payment Information		
Payment is due unon arriva	1 No credit card information is re-	quired to reserve a room

Payment is due upon arrival. No credit card information is required to reserve a room.

**Return your reservation form by Fax or Email:** Fax#: 709-864-6705

> Email: conferences@mun.ca

For inquiries contact: Summer Accommodations - Conference Services, Memorial University

Telephone: 709-864-7933

Toll free: 1-877-730-7657 (phone)

The personal information on this form is used as a record of guests staying at Memorial University. Except as required by law, it will be treated with strict confidentiality. If you have any questions about the use of this information please contact the Summer Accommodations Coordinator at 709-864-3764 or e-mail: conferences@mun.ca