Carleton

Housing & Conference Services

Fields Institute Workshop Retreat For Reservations August 2013 FAX/ E-MAIL COMPLETED FORMS BACK TO US

1233 Colonel By Drive, Ottawa, ON, K1S 5B7, Canada Tel: (613) 520-5609 or 1-866-278-8687 (toll free in Canada) Fax: (613) 520-3952 Email: conferenceservices@carleton.ca

1. About	You										
First Name				Last Na	me						
Address				City							
Tel (()			Provinc	е	Postcode					
eMail				Country	,						
	Do you require a wheelchair accessible room(s (single bed / single room only)					;)? Yes No					
	ligie room o	iny)									
2. Your R	leser	vation									
Arrival Date				Departu Date	ıre						
# of male gues	ts in		# of female gu party		ur						
How Did you hear about us?											
Rates: per pers (including all ye All Bedrooms s	LUDED	UDED Regu				# of Rooms	# of People				
Single Room		uble bed	tinii suites.	2 pe	eople	plu	1.46 us 3%				
							/IF fee				
Please note: The final night to stay in residence is August 21 st , 2013, departing August 22 nd , 2013.											
										1	
	Room allocation is in Leeds or Frontenac building in all single bedrooms. Washrooms in the suite are shared amongst the suite members only.										
Room allocation below please also specify gender of each person											
Bedroom Guest Names: Room A) Room B)										_	
Bedroom Guest Names: Room C) Room D)											
3. Payment Details											
A valid credit card is required to confirm your reservation. However we will not bill you until you arrive to check in. You must present the card upon arrival to complete the payment.											
Cancellation is Card Number	Cancellation is required via email no less then 48 hours prior to arrival or full charges will apply.										
(Visa, MC or Amex)		Expiry Date									
Name on card						3 Digit Security code on Back of credit card:					
For office use only	CP Input		Price Confirm		Rooms	s Assigned		Confirm	ation Email		