ECCAD
REQUEST FOR RESIDENCE ACCOMMODATION
***The* University *of* Western Ontario**
MAY 11 - 14, 2000

Print neatly or type, using one form for each delegate.

FULL NAME: (Mr. Mrs. Ms. Dr.)

FULL ADDRESS:

DAY PHONE: ( ) FAX: ( ) E-MAIL:

ARRIVAL DATE: ARRIVAL TIME: DEPARTURE DATE:

Delaware Hall is located on the campus of **The University of Western Ontario**. Delaware Hall is available for overnight accommodation during the **ECCAD Conference** and offers traditional-style single and twin-bedded rooms in a **climate controlled** residence. The Front Desk is staffed 24 hours a day and automated telephone service, pay phones, coin-operated laundry facilities, vending machines and ice service are also available for the guest's use in the building. **Complimentary overnight parking** for all registered guests is in the Medway Lot, behind Delaware Hall. **Breakfast is served in Delaware Hall** to all registered guests. Bed linen, towels and soap are provided in each room and the rooms are serviced by University staff. Ample washrooms are located on each floor. The **rates include overnight accommodation, breakfast and applicable taxes.** Please check **ONE** of the following **ONLY**. If you have indicated that you want a twin room, please provide us with the name of your roommate. If not, single accommodation will be charged accordingly. One form for **EACH** delegate is required even if you are paying for multiple reservations or are sharing a twin room. Accommodations are available for the nights of May 11th to May 13th only. Check-in is after 3:00 p.m. on May 11th and all day on May 12th. Check-out is before noon on May 14th.

TYPE OF ACCOMMODATION REQUESTED *(circle choice please)*: SINGLE / TWIN ROOM FEMALE / MALE

NAME OF ROOMMATE *(for twin occupancy only)*:_____

RATES: Single Room: $52.00 per person, per night Twin Room: $45.00 per person, per night

# of nights X per night = $ TOTAL AMOUNT DUE

PAYMENT: All rates are quoted in Canadian funds and payable in same. Full payment must accompany this housing request form. We accept Visa or MasterCard, money orders or institutional cheques **only.** ***We are sorry, but we are unable to accept personal cheques*.**

☐ MasterCard Visa Money Order Institution Cheque

CARD # EXPIRY: NAME ON CARD:

Please return this completed form with **FULL** payment no later than **April 11, 2000** to reserve your campus accommodation. Should we receive your application after the deadline date, and space is still available, confirmation will be mailed to you if time allows. Cancellation of your reservation *(or any part thereof)* must be sent to our office by fax in advance. You may cancel or change your reservation up to two weeks prior to the conference without penalty. Cancellations or changes received within two weeks of the conference will be subject to a 50% cancellation/change fee. Credits will not be issued for any un-used portion of your reservation. Confirmation of your reservation will be mailed to you upon receipt of the completed form and payment. Please send full payment ***(for accommodation only)*** and the completed form to:

Conference Services
The University of Western Ontario
Room 150, Lambton Hall
1421 Western Road
LONDON, Ontario N6G 4W4
Tel: (519) 661-3545 Fax: (519) 850-2353

OFFICE USE ONLY

Date Received		Date Into System		Reservation Number	
Receipt Number		System Reference Number		Initials	
Confirmation Date		Room Number			