CHI 96 Hotel Reservation Form

Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐

Last Name

First Name

Company/Organization

Company Address

City

Prov/State

Postal/Zip Code

Country

Telephone

Facsimile

Name of person making reservation

HOTEL DATA

Arrival Date	Arrival Time (if known)
Departure Date	Departure Time (if known)

Hotel Choice (see the Web AP for a listing of hotels and rates)

Rates are subject to prevailing room tax and individual reservation deadlines. Space in conference hotels may not be available after March 15, 1996.

1st Choice ____________________

2nd Choice ____________________

3rd Choice ____________________

Room type (persons / beds)

☐ Single (1 / 1) ☐ Double (2 / 1) ☐ Twin (2 / 2)

☐ Triple (3 / 2) ☐ Quad (4 / 2)

☐ Smoking ☐ Non-smoking

Rooming with: ____________________

____

Special requirements: ____________________

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METHOD OF PAYMENT

All rooms must be guaranteed. Fill in credit card section or send a cheque in the amount of one night's accommodation to the hotel when you receive confirmation. Do not send a cheque to the Vancouver Housing Bureau. Please be advised that a $14.00 Cdn. processing charge will be billed to you for any cancellations which occur 30 days prior to the convention start date.

Credit Card Guarantee: ☐ Visa ☐ Master Card ☐ Am. Express

Name ____________________

Card # ____________________ Expiry Date ________

Signature ____________________

MAIL TO: Vancouver Housing Bureau
5420 LBJ Freeway, Suite 410
Dallas, TX 75240 USA

CALL: 1 800 240 8766 (from North America)
+1 214 702 1030 (from anywhere in the world)
Monday–Friday, 8:30 am–5:00 pm Central Time

FAX: 1 800 944 0010 (from North America)
+1 214 702 1042 (from anywhere in the world)
Anytime