



REQUEST FOR ACCOMMODATION AT THE GAGE TOWERS AND WEST COAST SUITES

Deaf Women's Conference 08/13/07 - 08/19/07 Group Code: **G70815A**

Last name:		Male
First name:		Female
Street address:		
City:	Province/State:	
Country:	Postal/Zip Code:	
Phone: ()	Arrival:/ Departumo./day/yr.	ıre:// mo./day/yr.
Will you require parking? (\$5.00+ 6% Will you require Internet access? (\$10	GST per night/vehicle) ☐ Ye	es □ No
•		E PER NIGHT APPLICABLE TAXES
 ☐ Standard Single room with washroom shared between 6 guests ☐ Premium Single room with telephone, TV in common lounge, and washroom shared between 4 guests 		
*Studio Suite (1 twin bed)		\$79.00
*One-bedroom Suite (1 queen bed)		\$119.00
*West Coast Suite (2 twin beds & 1 queen sofa- or Murphy-bed)		
*Tower Suite (1 double and 5 twi *Includes TV, telephone, kitche	,	\$179.00
 If requesting a One-bedroom Suite, We the names of all additional guests staying 		
1	2	
3	4	
5		

- Rate for West Coast Suite based on double occupancy. A charge of \$15.00 per person will apply for each additional guest (maximum occupancy is 4 persons).
- Single rooms with shared washroom will be substituted when requests for privatewashroom suites cannot be accommodated.

Check-in time: 3:00 PM Check-out time: 11:00 AM

PAYMENT INFORMATION

All rates are in Canadian dollars and are subject to 6% Goods and Services Tax and 8% Provincial Hotel Tax. Full payment is due upon check-in. Cash, travellers' cheques, VISA, MasterCard, American Express or Interac are accepted (no personal cheques please). To reserve a room, please provide the following information (you will not be billed at this time):

CARD NUMBER:			
EXPIRY DATE:/ (month/year) □ VISA □ MASTERCARD □ AMEX			
CARDHOLDER'S NAME (PLEASE PRINT)			
CARDHOLDER'S SIGNATURE DATE			
 To avoid a one-night room charge, cancellations must be received 48 hours prior to check-in date. 			
FAX OR MAIL YOUR REQUEST TO: Reservations Office Conferences and Accommodation at UBC 5961 Student Union Blvd. Vancouver, BC, Canada, V6T 2C9 Fax: (604) 822-1001			
If mailing, please indicate if you've already faxed your request. \square Yes \square No			
WOULD YOU LIKE TO RECEIVE CONFIRMATION OF YOUR BOOKING? $\ \square$ Yes $\ \square$ No IF SO, HOW WOULD YOU LIKE TO RECEIVE YOUR CONFIRMATION?			
□ Email:			
□ Fax: ()			
☐ Mailed to the address provided on this form			

IMPORTANT:

Book as early as possible for best selection. A limited number of each room type is being held until July 15, 2007 only. After this date, or as soon as all held rooms are reserved, we will not guarantee the group rate.

To view floorplans and photos please visit www.ubcconferences.com

Phone: (604) 822-1000 Fax: (604) 822-1001 Email: reservations@housing.ubc.ca