



# CONFERENCE CENTRE Accommodation Rental Form

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Reason for visit: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ check in time 2:00pm  
Departure Date: \_\_\_\_\_ checkout time is 10:00 am

**Payment Method:**  
Cash \_\_\_\_\_ Cheque # \_\_\_\_\_ Charge to Dept. \_\_\_\_\_ / \_\_\_\_\_  
Charge to Student Account \_\_\_\_\_ Dept. Name \_\_\_\_\_ GL \_\_\_\_\_

**For office use only**

Room #: \_\_\_\_\_  
Cost/night: \_\_\_\_\_  
# Nights: \_\_\_\_\_  
Amount to be Charged: \_\_\_\_\_  
Date Charged: \_\_\_\_\_

**Guest Room Rates\*  
for NW Suites:**

\$69/night  
\$345/week

\*plus applicable taxes

**NOTES:**

**PLEASE RETURN THIS FORM TO THE CONFERENCE CENTRE OFFICE  
Fraser 1st floor room 124A**