



HOUSING AND CONFERENCE CENTRE SERVICES

ACCOMMODATION RENTAL FORM

Name: _____ Student ID# _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

Reason for visit: _____

Arrival Date: _____ Approx. time: _____

Departure Date: _____ (please note checkout time is 1:00 pm)

Payment Method:

Cash _____ Cheque # _____ Charge to Dept. _____ / _____

Dept. Name _____ GL _____

Charge to Student Account _____

Note: Parking is not included in the price quoted. Please park in designated Commuter metered parking area.

For office use only

Room #: _____

Cost/night: _____

Nights: _____

Amount to be Charged: _____

Date Charged: _____

Guest Room Rates*
for NW Suites:

\$49/night

\$249/week

*plus applicable taxes

NOTES:

7600 Glover Road Langley, BC V2Y 1Y1 Housing@twu.ca ph: 604-888-7511 local 3401 fax: 604-513-2013

PLEASE RETURN THIS FORM TO THE HOUSING OFFICE - RSC/1ST FLOOR