

# RESERVATION FORM

**Unifor Family Education Centre**

115 Shipley Avenue, Port Elgin, Ontario N0H 2C5

Toll Free: 1.800.265.3735 ext. 3221 • Fax: 519.389.3222 • Email: [confcentre@unifor.org](mailto:confcentre@unifor.org)

Event/Conference Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Guest Mailing Address Information**

Local Union: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Labour Organization/Corporate Mailing Address Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information - complete names only if they are attending:**

Spouse/Partner attending: Yes  No  Name: \_\_\_\_\_

Children Attending: Yes  No  Child Care Required: Yes  No

*(Check with your event/conference organizer if childcare is offered and, if so, request a childcare form for completion)*

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_ Name: \_\_\_\_\_ DD/MM/YY: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Requirements** (i.e. diet, accessible room, no stairs, medical, off-site accommodations, etc.)

No:  Yes:  Explain: \_\_\_\_\_ Off-site meal package

Do you smoke? No:  Yes:  (If so, we will provide ground floor access to patio if available)

**Rooming Request (Partner):** \_\_\_\_\_

**METHOD OF PAYMENT**

Full payment for room and board will be made by (please check one):

Labour Organization (Union/Union Associate)  Corporate (Non-union)  Guest

I authorize payment of the following accommodations for this delegate:

shared room with another delegate  delegate only single room  delegate & family

**Contact person to authorize payment:** \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Method of payment (please check one):**  M/C  Visa  American Express

Credit card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Cheque: *Payable to Unifor Family Education Centre - send with this form - no personal cheques*

Registration Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

Room and Board Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

**If costs incurred are not covered by your local, please complete the following information:**

Personal Visa/MC/AMEX: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

**I agree to be personally liable in the event that the indicated person, corporation or labour organization fails to pay for any part or the full amount of the invoice.** The Centre assumes no responsibility for loss of money, jewels, or other valuables and is not responsible for articles left in rooms or automobiles.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_