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March 28, 2011

45TH ANNUAL GENERAL MEETING AND CONVENTION RESERVATION FORM

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone Number: { } _____

Zone/Decentralized Association: _____

Position Held in Association: _____

Are you a Voting Delegate? Yes { } No { }

If you are bringing your spouse, guest or children please complete the information below:

Spouse or Guest: _____

Child's Name: _____ Age: _____ Sex: _____

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Child's Name: _____ Age: _____ Sex: _____

ARRIVAL AND DEPARTURE DATE

Please indicate the day you will be arriving at Cleveland's House. The official start of our Convention is **THURSDAY, JUNE 16, 2011**.

I will be arriving for: Breakfast { } Lunch { } Dinner { } After Dinner { }

Arrival Date: _____

If you are leaving the Convention prior to Sunday, June 19, 2011 please indicate the day and time of your departure.

Departure Date and Time: _____

DELEGATE/GUEST CONVENTION RATES

Adults: \$150.00 plus 15% Service Charge and 13% HST for a total of \$194.92 per person per day based on double occupancy

NOTE: AN ADULT IS ANYONE 18 YEARS OF AGE & OLDER

Single Occupancy: \$165.00 plus applicable taxes for a total of \$214.42 per person per day

Ages 11-17: \$75.00 per person per day plus applicable taxes

Ages 3-10: \$50.00 per person per day plus applicable taxes

2 Years of Age & Under: **NO CHARGE**

CONVENTION REGISTRATION FEE

A \$84.75 (HST INCLUDED) REGISTRATION FEE IS PAYABLE FOR EACH ADULT GUEST ATTENDING THE CONVENTION WHO IS NOT A VOTING DELEGATE AND MUST ACCOMPANY THIS RESERVATION FORM. Please be aware that the Registration Fee has nothing to do with your accommodation deposit.

CONVENTION ROOM DEPOSIT

A \$50.00 DEPOSIT FOR EACH ROOM RESERVED MUST ACCOMPANY THIS RESERVATION FORM.

SUMMARY

Registration Fee: _____ Adult Guest(s) (*Non-Delegates ONLY*)

@ \$84.75 (HST Included) each = \$ _____

We require _____ Rooms @ \$50.00 each = \$ _____

TOTAL AMOUNT \$ _____

METHOD OF PAYMENT

Please indicate: Cheque { ☐ } Money Order { ☐ } ** VISA { ☐ } ** Mastercard { ☐ }

***** NOTE: IF YOU ARE PAYING BY CREDIT CARD, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS RESERVATION FORM***

Payment is enclosed in the amount of \$ _____

Credit Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(APPROVAL FOR PAYMENT BY CREDIT CARD)