3 Concorde Gate, Suite 302, Toronto, Ontario, M3C 3N7 Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

March 25, 2014

48TH ANNUAL GENERAL MEETING AND CONVENTION **RESERVATION FORM**

| Name: | | | | |
|--|----------------------|-----------------------|----------------|--|
| Address: | | _City: | | |
| Postal Code: | Telephone Nui | mber: { } | | |
| Zone/Decentralized Association: | | | | |
| Position Held in Association: | | | | |
| Are you a Voting Delegate? Ye | s { } | No { } | | |
| If you are bringing your spouse, gues below: | st or children pleas | se complete the info | <u>rmation</u> | |
| Spouse or Guest: | | | | |
| Child's Name: | | _Age: | _Sex: | |
| Child's Name: | | _Age: | _Sex: | |
| | | | | |
| ARRIVAL A | ND DEPARTU | RE DATE | | |
| Please indicate the day you will be arriving at Clevelands House. The official start of our Convention is THURSDAY , JUNE 12 , 2014 . | | | | |
| I will be arriving for: ** Breakfast { } | Lunch { } | Dinner { } | | |
| Arrival Date: | | | | |
| ** Note: If you are arriving for Breakfast there will be an additional charge of \$15.95 plus 15% Service Charge and 13% HST added to your bill | | | | |
| If you are departing the Convention prior to the banquet on Saturday evening please indicate below the day and time of your departure. | | | | |
| Departure Date and Time: | | | | |
| Convention-Reservation Form | Page 1 of 2 | 3/25/2014- TUE | N OVER | |

DELEGATE/GUEST CONVENTION RATES

| Adults: | \$160.00 plus 15% Service Charge (\$24.00) and 13% HST (\$23.92) for a total of \$207.92 per person per day based on double occupancy NOTE: AN ADULT IS ANYONE 18 YEARS OF AGE & OLDER | | | |
|---|---|--|--|--|
| Single Occupancy: | \$175.00 plus 15% Service Charge (\$26.25) and 13% HST (\$26.16) for a total of \$227.41 per person per day | | | |
| Please contact the Provincia the convention. | al Office to obtain the rates for any children that may be attending | | | |
| CONVENTION REGISTRATION FEE | | | | |
| | (HST included) is payable for each adult Non-Voting Delegate who registration fee must be submitted with this Registration Form. | | | |
| C | CONVENTION ROOM DEPOSIT | | | |
| A room deposit of \$50.00 reservation form. | is required for each room reserved and must accompany this | | | |
| FINANCE SUMMARY | | | | |
| Registration Fee: @ \$84.75 (HST Included) ea | | | | |
| Room Deposit. | | | | |
| | TOTAL AMOUNT \$ | | | |
| | METHOD OF PAYMENT | | | |
| Please indicate: Cheque { | } Money Order { } ** VISA { } ** Mastercard { } | | | |
| ** <u>NOTE</u> : 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 a | amount of \$ | | | |
| Credit Cardholder's Name:(PLEASE PRINT) | | | | |
| Credit Card Number: | Expiry Date: | | | |
| Signature of Cardholder | | | | |

(APPROVAL FOR PAYMENT BY CREDIT CARD)