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March 23, 2015

49TH 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 or guest please complete the information below:

Spouse or Guest: _____

ARRIVAL AND DEPARTURE DATE

Please indicate the day you will be arriving at the Fern Resort. The official start of our Convention will be **FRIDAY, JUNE 19, 2015** with the first meeting taking place after lunch.

I will be arriving on:

Thursday, June 18, 2015 ()

Friday, June 19, 2015 ()

Saturday, June 20, 2015 ()

I will arrive for: Breakfast () Lunch () Dinner ()

Note: If you are arriving for Breakfast there will be an additional charge of \$18.00 plus applicable taxes.

If you are departing the Convention prior to the President's Banquet on Saturday evening please advise the office as the seating is pre-arranged for dinner on Saturday night.

DELEGATE/GUEST CONVENTION RATES

Adults: \$135.00 plus 15% Service Charge and 13% HST per person per day based on double occupancy

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

Single Occupancy: \$165.00 plus 15% Service Charge and 13% HST per person per day

CONVENTION REGISTRATION FEE

A registration fee of \$84.75 (HST included) is payable for each adult **Non-Voting Delegate** who attends the convention. The registration fee must be submitted with this Registration Form.

CONVENTION ROOM DEPOSIT

A room deposit of \$50.00 is required for each room reserved and must accompany this reservation form.

FINANCE SUMMARY

Registration Fee: _____ Adult (**Non-Delegate ONLY**)
@ \$84.75 (HST Included) each = \$ _____

Room Deposit: _____ @ \$50.00 (each room booked) = \$ _____

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)