1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6
Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

March 26, 2008

## 42<sup>ND</sup> 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?	res { } No {	}	
If you are bringing your spouse, guest or children please complete the information below:			
Spouse or Guest:			
Child's Name:	Age:_	Sex:	
Child's Name:	Age:_	Sex:	
Child's Name:	Age:_	Sex:	
ARRIVAL AND DEPARTURE DATE			
Please indicate the day you will be arriving at Clevelands House. Thursday, June 12, 2008 is the official start of our Convention.  Arrival Date:			
Arrival Date:			
I will be arriving for: Breakfast { }	Lunch { } Dinner {	} After Dinner { }	
If you are leaving the Convention prand time of your departure.  Departure Date and Time:		2008 please indicate the day	
Convention-Reservation Form	Page 1 of 2	4/1/2008- <b>TURN OVER</b>	

## **DELEGATE/GUEST CONVENTION RATES**

Adults: \$145.00 per person per day based on double occupancy plus

15% Service Charge, 5% PST and 5% GST

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

Single Occupancy: \$160.00 per person per day plus applicable taxes

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/ROOM DEPOSIT

A \$78.75 (GST INCLUDED) REGISTRATION FEE PER ADULT AND A \$50.00 DEPOSIT FOR EACH ROOM RESERVED MUST ACCOMPANY THIS RESERVATION FORM. Please be aware that the Registration Fee has nothing to do with your accommodation deposit.

SUMMARY			
Registration Fee: Adults @ \$78.75 (GST Include	ded) each = \$		
We require Rooms @ \$50.00 each =	\$		
TOTAL AMOU	<u>NT</u> \$		
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 amount of \$			
Credit Cardholder's Name:(PLEASE PRINT)			
Credit Card Number:	Expiry Date:		
Signature of Cardholder:(APPROVAL FOR PAYMENT BY CREDIT CARD)			