



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

April 1st, 2009

43RD 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: _____

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

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

ARRIVAL AND DEPARTURE DATE

Please indicate the day you will be arriving at Cleveland's House. **Thursday, June 18, 2009 is the official start of our Convention.**

Arrival Date: _____

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

If you are leaving the Convention prior to Sunday, June 21, 2009 please indicate the day and time of your departure.

Departure Date and Time: _____

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

A \$78.75 (GST INCLUDED) REGISTRATION FEE IS PAYABLE FOR EACH ADULT NON-DELEGATE ATTENDING THE CONVENTION 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 Non-Delegate(s) (if applicable)

@ \$78.75 (GST 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)