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March 26, 2012

46TH 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: _____

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 14, 2012.**

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

Arrival Date: _____

**** Note: If you are arriving for Breakfast there will be an additional charge of \$14.95 plus 15% Service Charge and 13% HST added to your bill**

If you are leaving the Convention prior to Sunday, June 17 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 \$194.93 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 \$214.43 per person per day

Please contact the Provincial Office to obtain the rates for any children that may be attending the convention.

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: _____ 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)