



CANADIAN HEALTH INFORMATICS AWARDS

ACCOMMODATION FORM

The 2006 Canadian Health Informatics Awards will be held at the Arcadian Court, located on the 8th Floor, 401 Bay Street in downtown Toronto. For those attending who require accommodation, special rates have been negotiated with the Fairmont Royal York Hotel, a short distance away. Please make your reservation directly with the hotel by completing and returning this Hotel Accommodation Form, or by calling the hotel or central reservations directly and referring to “**Canadian Health Informatics Awards**”, Booking Code **GCH06**, to access our negotiated rates.

Note: Reservations must be made by **October 31, 2006** to take advantage of the significant saving on rates. Reservations made after this date will be based on availability and rates cannot be guaranteed. All rates quoted are in Canadian dollars and do not include applicable taxes. Please call the hotel directly for suite accommodation.

P P	The Fairmont Royal York 100 Front Street West Toronto, ON M5J 1E3 Tel (Direct): 416-368-2511 Toll-Free: 1-800-441-1414 Fax: 416-860-5008	P	
		<input type="checkbox"/> Fairmont (Single/Double Occupancy)	\$175.00
		<input type="checkbox"/> Fairmont with View (Single/Double Occupancy)	\$195.00
		<input type="checkbox"/> Deluxe (Single/Double Occupancy)	\$245.00
		Deadline – October 31, 2006 (5:00 p.m. EDT)	

PLEASE MAIL OR FAX THE CONFIRMATION NOTICE TO:

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

Name: _____

Organization: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Bus. Phone: () _____

Ext: _____

Fax: () _____

E-Mail: _____

HOTEL REQUIREMENTS:

Arrival Date and Time: _____

Departure Date and Time: _____

Number of room(s) required: _____

Fairmont Loyalty Program Number: _____

Type of Bed: ☐ King/Queen

☐ Two Doubles

Type of Room: ☐ Non-Smoking

☐ Smoking

If sharing a room, please indicate the other occupant's name: _____

Special Requests: _____

(disabled, low/high floor, cot)

CREDIT CARD INFORMATION TO GUARANTEE RESERVATION

☐ Visa ☐ MasterCard ☐ AMEX

Card number: _____

Cardholder's Name: _____

Expiry Date: _____

Signature: _____

Return this completed form by fax or mail to the Fairmont Royal York Hotel, at the address above.