

REQUEST FOR ACCOMMODATION AT THE GAGE TOWERS, WEST COAST SUITES, AND TOTEM PARK RESIDENCE

PIMS - Knots in Vancouver
07/18/04 - 07/24/04
Group Code: G40718B

Last name: _____ Male
First name: _____ Female
Street address: _____
City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone: (____) _____ Arrival: ____/____/____ Departure: ____/____/____
mo./day/yr. mo./day/yr.

Will you require parking? (\$5.00+ 7% GST per night/vehicle) Yes No

REQUESTED ACCOMMODATION

**RATE PER NIGHT
(PLUS APPLICABLE TAXES)**

Totem Park Residence

- Single room with hallway washroom (1 twin bed) \$22.00
- *Twin room with hallway washroom (2 twin beds) \$44.00

*If requesting a twin room, please provide the first and last name of second guest.

Name: _____ Male Female

- Single rooms will be substituted if requests for twin rooms cannot be met.
- Linen is supplied folded on bed and will be exchanged weekly. Guests are required to provide their own towels and soap.

Gage Towers and West Coast Suites

- *Studio Suite (1 twin bed) \$ 89.00
- *One-bedroom Suite (1 queen bed) \$119.00
- *West Coast Suite (2 twin beds & 1 queen sofa- or Murphy-bed) \$136.00
***Includes TV, telephone, kitchenette and private washroom.**

▪ If requesting a One-bedroom Suite or West Coast Suite, please include the names of all additional guests staying in the suite in the space below:

1. _____ 2. _____
3. _____ 4. _____

▪ Rate for West Coast Suite based on double occupancy. A charge of \$15.00 per person will apply for each additional guest (maximum occupancy is 4 persons).

▪ Single rooms with shared washroom will be substituted when requests for private-washroom suites cannot be accommodated.

Check-in time: 3:00 PM

Check-out time: 11:00 AM

PAYMENT INFORMATION

All rates are in Canadian dollars and are subject to 7% Goods and Services Tax and 8% Provincial Hotel Tax. Full payment is due upon check-in. Cash, travellers' cheques, VISA, MasterCard, American Express or Interac are accepted (no personal cheques please). To reserve a room, please provide the following information (you will not be billed at this time):

CARD NUMBER: _____

EXPIRY DATE: ____/____/____ (month/year) VISA MASTERCARD AMEX

CARDHOLDER'S NAME (PLEASE PRINT) _____

CARDHOLDER'S SIGNATURE _____ DATE _____

- To avoid a one-night room charge, cancellations must be received 48 hours prior to check-in date.

FAX OR MAIL YOUR REQUEST TO:

Reservations Office
Conferences and Accommodation at UBC
5961 Student Union Blvd.
Vancouver, BC, Canada, V6T 2C9 Fax: (604) 822-1001

If mailing, please indicate if you've already faxed your request. Yes No

WOULD YOU LIKE TO RECEIVE CONFIRMATION OF YOUR BOOKING? Yes No
IF SO, HOW WOULD YOU LIKE TO RECEIVE YOUR CONFIRMATION?

Email: _____

Fax: (____) _____

Mailed to the address provided on this form

IMPORTANT:

Book as early as possible for best selection. A limited number of each room type is being held until **June 20, 2004 only. After this date, or as soon as all held rooms are reserved, we will not guarantee the group rate.**

**To view floorplans and photos please visit
www.ubconferences.com**

Phone: (604) 822-1000 Fax: (604) 822-1001 Email: reservations@housing.ubc.ca