

**AvCon 2005**  
**29-31 July, 2005**  
**Request for Accommodation with Hospitality York, York University**

**NAME** \_\_\_\_\_

**Please Print**                      **Surname**    **First Name**    **Gender (M/F)**

**ADDRESS** \_\_\_\_\_

Apt.                                      Street name & number

City

Province/State

Postal/Zip Code

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ARRIVAL DATE / TIME** \_\_\_\_\_

**DEPARTURE DATE / TIME** \_\_\_\_\_

(Check-in time is 3 pm. Check-out time is 11 am. Alternate times must be cleared with Hospitality York) Smoking is not permitted in any of the residence buildings. Campus accommodations are air-conditioned & daily bed-making services are provided.

### **On-Campus Accommodation Options**

Rate applies to groups of minimum 30 on-campus reservations

**Single Room in Undergraduate Suite** (\$55/night plus 7% GST and 5% PST) = **\$61.60** per night  
Private bedroom (with single bed), guests share an ensuite kitchen, lounge area and bathroom

**Double Room in Undergraduate Suite** (\$75/night plus 7% GST and 5% PST) = **\$84.00** per night  
**Limited availability**  
Private bedroom (with two single beds), guests share an ensuite kitchen, lounge area and bathroom

Please note that the above rates apply to group bookings of 30 or more participants. For groups consisting of less than 30 individual reservations, the rate will be \$60 and \$80 plus taxes for a single and double room respectively.

#### **To guarantee reservation please provide credit card details:**

(All non-guaranteed reservations will be held to 6pm only, upon check-in guests can decide whether they wish to use a different form of payment. Credit cards will NOT be charged until check-in) 24 hour cancellation policy in effect. **All fees are stated in Canadian Dollars.**

**\*\* Please note that parking on campus is \$9 per day and may be purchased upon arrival\*\***

**VISA**                                       **MasterCard**                                       **AMEX**

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please return completed form to:  
Hospitality York, 105-4 Assiniboine  
4700 Keele Street, Toronto, Ontario CANADA M3J 1P3  
Attention: Nicole Shirvani  
Or fax to 416-736-5648  
For further information on accommodation or parking please call 416-736-5020  
Or email shirvani@yorku.ca

#### **For Office Use Only:**

**Clerk** \_\_\_\_\_ **Res.** \_\_\_\_\_ **Room** \_\_\_\_\_ **RMS ID** \_\_\_\_\_ **Date** \_\_\_\_\_