



2013 Regions 1 & 2 Meeting Single Accommodation Form

This is to request single accommodation at the **Tigh-Na-Mara Resort, Parksville** for the following nights:

- Sun, Oct 6*
- Mon, Oct 7
- Tue, Oct 8*

This will confirm that I will pay half of the room cost and taxes upon checkout at the hotel (approximately **\$80** per night).

*Please note: All overnight guests **must** be registered with the hotel.*

* Please note: [HSA Policy - Member Reimbursement for Expenses](#) and [HSA Policy - Paid Union Leave for HSA Members](#)

HSA will provide accommodation the night before an event if the participant lives 50+ kilometres away from the venue or is traveling by ferry.

HSA will provide accommodation the last night of the event if the participant is unable to arrive home before 9:00 pm.

Name (please print)

Signature

Date

- VISA Mastercard Other

Credit Card Number (to secure single accommodations)

Expiry Date

This single accommodation request form must be faxed back to the attention of Wendy Scarrett at the HSA Office (FAX Number: (604) 439-0976 or toll free: 1-800-663-6119).

Note: Accommodations will be booked on a double occupancy basis if we are not in receipt of a completed single accommodation request form within 24 hours of online registration.

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.

Signature: _____

Date: _____