2017
Region 1 Meeting
Single Accommodation Form

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

- ❑ Sun, Sep 19*
- ❑ Mon, Sep 20
- ❑ Tue, Sep 21*

- ❑ Double
- ❑ King

This will confirm that I will pay half of the room cost and taxes upon checkout at the hotel (approximately **$95** per night).

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

**Members have the option to stay the night before an event if they must commence travel before 6:00 am in order to get to the location of the HSA-sponsored event. The Finance Committee or the HSA staff person responsible for the event may consider requests for overnight accommodation for any participant.*

***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) 515-8874 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:** _____