

2018 Region 10 Meeting Single Accommodation Form

following nights:	at the Coast Inn of the I	North, Prince George for the
☐ Sun, Sep 23*	☐ 2 Doubles	
☐ Mon, Sep 24	☐ 1 Queen	
This will confirm that I will pay half of the \$70 per night).	room cost and taxes upo	n checkout at the hotel (approximately
Please note: All overn	night guests <u>must</u> be regi	stered with the hotel.
*Members have the option to stay the name in order to get to the location of the Person responsible for the event management.	HSA-sponsored event. Th	ne Finance Committee or the HSA staff
**HSA will provide accommodation the liberary before 9:00 pm.	last night of the event if t	he participant is unable to arrive home
Name (please print)	Signatu	ıre
Date		
□ VISA □ Mastercard □ Oth	ıer	
Credit Card Number (to secure single acco	ommodations)	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 applic	able privacy legislation. By completing this form
you are consenting to have the HSA use the submitted in in providing services to our members.		
Signature:		Date: