

Please supply the information below to reserve accommodations and/or meals at Mount Allison University during the Podium 2008 Conference. Please **print legibly**. Note that **each** attendee must complete this form separately. This form must be submitted by **1 May 2008** to guarantee accommodations and/or meals.

Personal Information

Last name: _____ First name: _____

Mailing Address: _____

Postal Code: _____

Daytime phone: _____ Email: _____ Sex: Male Female

Accommodation reservations (in University residences)

- Single with ensuite bath** – \$48 per person per night (inc. taxes) Please tick all dates that apply.
- Single room** – \$36 per person per night (inc. taxes) May 14 May 16 May 18
- Double room** – \$32 per person per night (inc. taxes) May 15 May 17
- If sharing a room, the name of my roommate is: _____
(please ensure that your roommate indicates the same preference)

Estimated time of arrival: morning afternoon evening

Total cost of accommodation \$ _____

Meal reservations (for University Dining Hall)

Meals are available in Jennings Dining Hall for the duration of the conference. They must, however, be reserved in advance.

I wish to purchase the following individual meals. Costs: Breakfast \$6.60 Lunch \$9.80 Dinner \$13.20

Wednesday, 14 May: B L D Sunday, 18 May: B D

Thursday, 15 May: B L D Monday, 19 May: B

Friday, 16 May: B L D For Sunday lunch (the ACCC AGM Luncheon) and Saturday dinner (the Podium Banquet) please see the Podium Registration Form.

Saturday, 17 May: B L

Total cost of meals: \$ _____

Please indicate any special needs (accommodation or meals): _____

My total costs (accommodation + meals) \$ _____

Payment options

- Cheque made payable to **Mount Allison University** (please, no post-dated cheques)
- Credit card (payment will be processed in advance)
- VISA Mastercard Card # _____ Expiry date: _____

Please send this form with your payment to the address below. A receipt will be provided to you upon arrival at the conference.

Mount Allison University Conference Services
155 Main Street, Sackville NB E4L 1B5 Tel: (506) 364-2247 Fax: (506) 364-2688 conferences@mta.ca

FOR OFFICE USE: Date received: _____ Payment processed _____