



2019 HSA Convention Single Accommodation Form $\frac{1}{2}$ cost

This is to request single accommodations at the **Hyatt Regency** for the following nights:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Tue, Apr 2* | <input type="checkbox"/> Two Beds |
| <input type="checkbox"/> Wed, Apr 3 | <input type="checkbox"/> Single King |
| <input type="checkbox"/> Thu, Apr 4 | |
| <input type="checkbox"/> Fri, Apr 5* | |

This will confirm that I will pay half of the room cost and taxes upon checkout at the hotel (approximately \$130.00 per night).

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

** Please note that Tuesday night accommodation is only paid by HSA if the delegate is attending an education workshop. Friday night accommodation is only paid by HSA if the delegate is unable to reasonably return home by 9:00 pm*

Name (please print)

Signature

Date

- VISA Mastercard Other

Credit Card Number (to secure single accommodations)

Expiry Date

This form must be faxed within 24 hours of confirmation of registration 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:** _____