

2015 HSA Convention Single Accommodation Form ½ cost

This is to request single accommodation	ns at the Hyatt Regency for the following nights:		
☐ Tue, April 28*	☐ Two Beds		
☐ Wed, April 29*	☐ Single King		
☐ Thu, April 30			
☐ Fri, May 1			
□ Sat, May 2* This will confirm that I will pay half of the room cost and taxes upon checkout at the hotel (approximately \$105.00 per night). Please note: All overnight guests must be registered with the hotel.			
		is attending an education workshop.	sday night's accommodation is only paid by HSA if the delegate Saturday night's accommodation is only paid by HSA if the s unable to return home by 9:00 pm
		Name (please print)	Signature
Date	-		
□ VISA □ Mastercard □ Otl	her		
Credit Card Number (to secure single acc	commodations) Expiry Date		
at the HSA Office (FAX Num	of confirmation of registration to the attention of Wendy Scarrett ober: (604) 515-8874 or toll free: 1-800-663-6119). ked on a double occupancy basis if we are not in receipt tion request form within 24 hours of online registration.		
	e collect in accordance with applicable privacy legislation. By completing this form information for the purposes of conducting our representational duties as a union, and		
Signature:	Date:		