

2016 HSA Convention Single Accommodation Form ½ cost

This is to request single accommodation	is at the Hyatt Regency for the following nights:
☐ Tue, May 3*	☐ Two Beds
☐ Wed, May 4*	☐ Single King
☐ Thu, May 5	
☐ Fri, May 6	
☐ Sat, May 7*	
This will confirm that I will pay half of th (approximately \$105.00 per night).	e room cost and taxes upon checkout at the hotel
Please note: All overnight guests must be registered with the hotel.	
is attending an education workshop.	day night's accommodation is only paid by HSA if the delegate. Saturday night's accommodation is only paid by HSA if the sunable to return home by 9:00 pm
Name (please print)	Signature
Date □ VISA □ Mastercard □ Oth	oor
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). Red on a double occupancy basis if we are not in receipt ion request form within 24 hours of online registration.
HSA is committed to using the personal information wa	e collect in accordance with applicable privacy logiclation. By completing this form
	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: