

**McMASTER UNIVERSITY**

Group Reference: **Canadian Design Engineering Network 2009 Conference – July 27 – 29, 2009**

On campus accommodation is available to delegates. Delegates are asked to complete and return the *Pre-Registration Accommodation Form* below by **Tuesday, June 30, 2009. PAYMENT IS PRE-PROCESSED UPON RECEIPT OF ACCOMMODATION FORM.** Confirmations along with directional information and check-in location will be sent to guests who have pre-registered.

**Executive Service – Mary Keyes Residence** \$77.00 per person, per night – **Single Occupancy** - this residence is suite style featuring 4 single bedrooms, common area and two private washrooms per suite  
**Rate includes:** 1 night accommodation, linens, daily service, GST @ 5% and PST @ 5%.

**Basic Service – Hedden Hall** \$54.73 per person, per night – **Single Occupancy** \$45.22 per person, per night – **Double Occupancy** – this residence features single and double occupancy rooms (single beds) with shared washrooms. (Roommate's name must be indicated below for Double Rate to apply)  
**Rates include:** 1 night accommodation, linens, GST @ 5% and PST @ 5%.

**Refunds will be granted (less a \$25.00 administrative fee) if notification of cancellation is received 48 hours in advance of arrival date. No-shows will not receive any refund.**

**PRE-REG ACCOMMODATION FORM – PLEASE PRINT CLEARLY**

LAST NAME		FIRST NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS		CITY	PROVINCE/STATE	FAX	
COUNTRY	POSTAL/ZIP CODE	E-MAIL (PRINT)		CELL & PHONE #	
ARRIVAL DATE	DEPARTURE DATE	METHOD OF PAYMENT (Sorry, no personal cheques) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> Amex <input type="checkbox"/> INSTITUTIONAL CHEQUE (CHEQUES PAYABLE TO McMASTER UNIVERSITY)		<b>OFFICE USE ONLY</b> DATE RECEIVED: _____ RMS ID#: _____ CONFIRMATION SENT: _____ METHOD: P M E F STAFF INITIAL: _____ ROOMMATE RMS ID#'S: _____ ----- PAYMENT PROCESSED: \$ _____ DATE: _____ AUTHORIZATION #: _____ EJE/FS #: _____ AMOUNT OWING UPON ARRIVAL (IF APPLICABLE): \$ _____ RMS UP-DATED WITH FINANCIAL INFO <input type="checkbox"/> STAFF INITIAL: _____ Freedom of Information and Protection of Privacy Act - go to: <a href="http://conference.mcmaster.ca/conf_accom_forms.html">http://conference.mcmaster.ca/conf_accom_forms.html</a>	
<b>Keys Residence – Executive Service</b> \$77.00 per person, per night x _____ x _____ = \$ _____ # of people # of nights  <b>PREFER TO SHARE SUITE WITH (if applicable):</b> 1) _____ 2) _____ 3) _____  Are above delegates' paying separately? YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes, roommates must submit own form with appropriate information).  <b>Hedden Hall – Basic Service</b> Single Occupancy \$54.73 per person, per night x _____ x _____ = \$ _____ # of people # of nights Double Occupancy \$45.22 per person, per night x _____ x _____ = \$ _____ # of people # of nights  Roommate (if applicable): _____  Roommate paying separately? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, roommate must submit own form with appropriate information)		<b>CREDIT CARD INFORMATION</b> CARD HOLDER _____ CARD # _____ EXPIRY DATE _____ SIGNATURE OF CARD HOLDER _____  <b>RETURN COMPLETED FORM, WITH PAYMENT, TO:</b> CONFERENCE SERVICES MCKAY HALL RM 124 McMASTER UNIVERSITY 1280 MAIN STREET, WEST HAMILTON, ONTARIO Canada L8S 4K1 OR Fax To: 905-529-3319  Questions/concerns ... please e-mail or call: <a href="mailto:meet@mcmaster.ca">meet@mcmaster.ca</a> Tel: 905-525-9140, x26898 or x24781  <b>NOTE: DO NOT E-MAIL ACCOMMODATION FORM</b>			