



Inn at Laurel Point

Reservation Form

Group Name: ___ Canadian Public Procurement Forum ___

Reservation #: _336200_____ Date: _October 31 – November 5th, 2009_____

Guest Name: _____ Phone: _____

Fax or Email (to send a confirmation letter) : _____

Address: _____

City/Province/State: _____ Postal Code/Zip: _____

Please mark the room type that is requested during your stay:

Guest Room: _____ @ \$ 109.00 (CDN) Studio Suite: _____ @ \$189.00 (CDN)

Single occupancy: _____ Double occupancy: _____

- children stay for free in the same room as their parents
- dogs are welcome in our first floor rooms
- applicable taxes are 10% hotel sales tax and the 5% GST
- overnight parking available at the rate of \$10.00 plus GST per night per vehicle
- **room type subject to availability**

I will arrive on _____ (date) Check-in 3:00pm.

I will depart on _____ (date) Check-out 11:30am

Telephone reservations must be made between 8am – 6pm (PST) Mon – Fri and 9am- 5:30pm (PST) Saturday and Sunday. Please fill out the credit card information below, your reservation will not be confirmed without a credit card. 24- hour cancellation notice is required; otherwise, the first night's room charge plus taxes will be applied to your credit card.

| | |
|-------------------------------|--------------|
| Credit Card Type _____ | Bank _____ |
| Number _____ | Expiry _____ |
| Name as printed on card _____ | |

The hotel must receive reservations 45 days prior to arrival, on or before, September 15, 2009. Thereafter, reservations are subject to availability. Please complete this form and send by fax or email (reservations@laurelpoint.com)