2006 Toronto CCWC Accommodation Registration Form

Name of ALL Room Occupants	Arrival Date	Departure Date	1 or 2 beds	Smoking?

Special Needs:

Hotel Choices - Please Number 1 through 3:
1
2
3

****Important Information:**

Please indicate if requesting **Club Room at Sheraton Hotel
**Acknowledgements will be emailed to 1 address or faxed to one fax number only.
**Cut-off for changes & cancellations is July 7, 2006.
**All changes & cancellations before July 7 must be emailed to:housing@torcvb.com
**After July 7, please contact hotel directly.
**1 mailing address only
**Rates do not include 15% tax per room, per night.

Contact Info:	
First Name/Last Name	
Street Address	
City/State/Zip Code	
Country	
Daytime Phone	( )
Fax Number ***	( )
Email Address ***	
Credit Card Info:	
VISA	#
MasterCard	#
American Express	#
Diners Card	#
Other	#
Expiration Date	
Name on Card	

*****Note: Either an email address or fax number is mandatory.**

*****Note: All fields are mandatory.**

Questions:

Contact CCWC Housing Bureau:
Email: housing@torcvb.com
Fax: 416-203-8477