

Residence & Conference Services

CONFERENCE ACCOMMODATIONS RESERVATION FORM

Please complete this form in full and submit by fax to 306-585-5457 or e-mail as an attachment to bookings@uregina.ca or by selecting the 'Submit Form' button above.

PERSONAL INFORMATION								
Last Name:	First Name:		Mr. Mrs.	Ms Miss	Sex:	Male	Female	
Street Address:		Email Address:			Phone number:			
P.O. Box (if needed):	City:		Prov:			Postal Code:		
CONFERENCE INFORMATION								
FIRST NATIONS UNIVERSITY OF CANADA			CINSA 2016: Reconciliation through Research – Fostering miýo-pimātisiwin					
Date of Arrival:	Time of Arrival:	Date of Departu	ture: Tin		me of Departure:			
ROOM SELECTION								
Room Type: Co		st Per Person Per Night:			Select:			
Single Occupancy (1 person per bedroom)		\$57 (plus GST & PST)						
PAYMENT INFORMATION Please provide credit card information to complete your reservation. Without a credit card number on file, your room(s) will not be booked.								
Payment Type: Visa Mas		terCard			American Express			
Card Number: Name on		Card:		Expiry:				
Signature:	1							
	TERMS ANI	CONDITION	ONS_					
Cancellations may be made night's fees being assessed	ars and do not include taxes. In will be debited from the credit card be before 4:00 PM (Regina, SK local) to the credit card on file. In pm, Check-out time is by 11:00 a	supplied either after time) 4 days prior to	May 1 of				result in one	
I agree to the Terms and Conditions of this reservation form.								
Signature				Date				