McMASTER UNIVERSITY

UNIVERSITY ACCOMMODATION

Group Reference: **Franco-Canadian Workshop on Combinatorial Algorithms - August 18 - 20, 2005**

On campus accommodation in Woodstock Hall is available to delegates. This residence features single and double occupancy rooms with shared washroom facilities. Delegates are asked to complete and return the *Pre-Registration Accommodation Form* below by **Thursday, July 21, 2005.** **Payments are pre-processed upon receipt of form**. Confirmations along with directional information and check-in location will be sent to delegates who have pre-registered. **Refunds** will be granted if written notice of cancellation is received by Housing & Conference Services by 4:00 p.m., **Monday, August 15, 2005.** All or part cancellations are subject to a $20.00 administrative fee. No-shows will not receive any refund. **NOTE**: upon arrival, credits/refunds will NOT be granted for any un-used portion of your reservation.

ACCOMMODATION ONLY **$48.16 per person, per night - Single Occupancy**
$39.20 per person, per night - Double Occupancy (Roommate's name must be included for double rate to apply. Single rate will be charged if no roommate indicated.)

The above rates include: 1 night accommodation, linens, parking, 7% GST and 5% PST.

PRE-REG ACCOMMODATION FORM - PLEASE PRINT CLEARLY

LAST NAME		FIRST NAME	" MALE " FEMALE
ADDRESS		CITY	PROVINCE/STATE
COUNTRY	POSTAL/ZIP CODE	E-MAIL	FAX PHONE

ARRIVAL DATE	DEPARTURE DATE	METHOD OF PAYMENT (**Sorry, no personal cheques**) 9 VISA 9 MASTERCARD 9 MONEY ORDER 9 INSTITUTIONAL CHEQUE (Payable to McMaster University)

Woodstock Hall

SINGLE:
$48.16 per person, per night x _____ x _____ = $ _____
# of people # of nights

DOUBLE:
$39.20 per person, per night x _____ x _____ = $ _____
# of people # of nights

Roommate (if applicable): _____

Is Roommate Paying Separately? YES 9 NO 9

OFFICE USE ONLY

Date Received: _____ Payment Processed:$_____

Amount Owing Upon Arrival (if applicable): $_____

RMS ID# _____ Staff Initial _____

Roommate's RMS ID # _____

Confirmation Sent: _____ Method: P M E F

Meal Count Completed: # _____

CREDIT CARD INFORMATION

CARD HOLDER _____

CARD # _____

EXPIRY DATE _____

SIGNATURE OF CARD HOLDER

_____

RETURN COMPLETED FORM WITH PAYMENT TO:

Housing & Conference Services (Conference Office)
McKay Hall Room 124
McMaster University
1280 Main Street, West
Hamilton, Ontario
Canada L8S 4K1

Fax: 905-529-3319
E-Mail: confs@mcmaster.ca
Phone: 905-525-9140, x24781

GROUP REFERENCE: COMAL