



# DELTA CHELSEA INN ACCOMMODATION FORM

33 Gerrard St. W., Toronto, ON M5G 1Z4  
Telephone: (416) 595-1975, Fax: (416) 416-585-4375

## HOSPITAL PROFESSIONALS DIVISION PROVINCIAL DEMAND SET MEETING FEBRUARY 16 & 17, 2006

**ACCOMMODATION DATES:** February 15 & 16, 2006

Single \$ 129.00  Double \$129.00  Shared (with member) \$ 64.50  Parking: \$22.00  
(Plus 15% tax)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Arrival Date: February \_\_\_\_\_ /06 Departure Date: February \_\_\_\_\_ /06

No. Of People Sharing Room \_\_\_\_\_

**SELECT ROOM TYPE:** SMOKER  NON-SMOKER  ONE BED  TWO BEDS

**DELTA PRIVILEGE NUMBER:** \_\_\_\_\_

**SPECIAL NEEDS:** \_\_\_\_\_

### SHARING ROOM WITH THE FOLLOWING MEMBER:

Name \_\_\_\_\_

Email address \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Arrival Date: February \_\_\_\_\_ /06 Departure Date: February \_\_\_\_\_ /06

**CHECK-IN TIME IS 3:00 P.M. CHECK-OUT TIME IS 11 A.M..**  
**Late check-out is upon individual request only at time of registration.**

**Please advise credit card number to guarantee room for late arrival.**

AMEX  VISA  MASTERCARD  OTHER, Please Specify \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Month Year

**If no credit card is provided, please send a cheque with your registration for a one night room and tax deposit. All reservations must be cancelled by 4 pm the day of arrival to avoid penalty of one night's room and tax.**

**IMPORTANT NOTICE**  
**HOTEL RESERVATION CUT-OFF January 16, 2006**  
**AFTER January 16, 2006 ROOMS ARE ON AVAILABILITY ONLY**  
**Please call Hotel to confirm your reservation with confirmation number.**

This form MUST BE RETURNED to the Delta Chelsea Inn