

**SUMMER GUEST ACCOMMODATION**  
Friday May 10 to Saturday August 17, 2013

**BOOKING DETAILS**

Please indicate preferred residence and room type:

Mary Keyes Residence    Select Room Type:

Arrival Date:

Les Prince Hall        Select Room Type:

Departure Date:

Last Name _____		First Name _____		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Street Address _____	Apt. # _____	City _____	Province/State _____	Country _____
Postal/Zip Code _____	Cell or Telephone #: _____	Email Address _____		

**GUEST TYPE**

Visiting Professor     Working in the Area     Wedding - Party Name: \_\_\_\_\_

Taking Courses     Visiting Hamilton & Surrounding Area     Other, please specify \_\_\_\_\_

Parking Required?     Yes     No    Please visit <http://parking.mcmaster.ca/> for Parking info.

Preferred Roommates (if applicable)			
1) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	2) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
3) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	4) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Note: A separate accommodation form must be completed for each paying guest.</b>			

**FOR McMASTER DEPARTMENTS ONLY**

Departments wishing to pay all or a portion of a guests stay, please complete information outlined below. Once the guest checks out, a Journal Entry will be processed by Conference & Event Services debiting the account # for the authorized amount indicated. The EJE # will be forwarded to the Department.

C/O Department/Contact Person _____	Campus Address _____	Ext. _____
Authorizing Person's Name _____	Amount to Charge _____	Account # (10 digits) _____

If guest extends stay, is the above Department accepting responsibility for additional charges?     Yes     No

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_    Confirmation # \_\_\_\_\_    Roommate Confirmation #'s \_\_\_\_\_     Confirmation Sent    Staff Initial \_\_\_\_\_

<b>CREDIT CARD INFORMATION</b>		
Credit Card information is required to confirm your reservation. <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		
Name of Card Holder _____	Card Number <input type="text"/>	Expiry Date <input type="text"/>
Signature of Card Holder _____	<b>Note: For your safety, please do not email credit card information.</b>	

**Note:** The University cannot assume responsibility for loss, theft, damage, to a guest's personal property or vehicle. In addition, the University reserves the right to end a guest's stay, re-assign rooms and take any other reasonable steps to preserve the safety and security of our guests.