

Animethon 19

August 10 - 12, 2012

Reserve your accommodation by faxing, mailing or emailing this completed form to MacEwan Residence at:

Fax: 780-633-8910

Mail: MacEwan Residence 11050 104 Ave Edm, AB T5K 2Y9

E-Mail: stay@macewan.ca

Have you made a reservation at MacEwan Residence previously? ____ Yes ____ No

Arrival Date: _____ ETA: _____ Departure Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Res. Telephone: _____ Cell/Work Phone: _____ E-Mail Address: _____

(E-Mail where confirmation to be sent)

Accommodations Request

____ 2 Bedroom Suite (Max. 4 people) \$72/night # of guests ____

____ Bachelor Suite (Max. 2 people) \$60/night # of guests ____

____ 4 Bedroom Suite (Max. 8 people) \$160/night # of guests ____

(Limited Availability)

Parking required: Yes No ____ # of Days

Guest Information

Guest #1: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #2: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #3: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #4: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #5: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #6: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #7: First Name: _____ Last Name: _____ Date of Birth: _____

Guest #8: First Name: _____ Last Name: _____ Date of Birth: _____

Choose Express Check-In and Enjoy the Benefits

- Enter your name to win your stay for FREE
- Avoid line-ups at front desk check-in
- Collect your suite keys at the Animethon Registration Desk
- Early Check-in

PLEASE NOTE: NEW POLICY FOR 2012 CHECK-IN PROCESS

To avoid long line-ups at check in MacEwan Residence will no longer be dividing payment of suites among guests. The reservation holder will be expected to pay in full the cost of the reservation upon check-in. Sorry for any inconvenience this may cause.

Cancellations and changes may be made to a reservation up to **48 hours prior to the scheduled arrival date**. **After this time, all charges for all nights' accommodation will be applied to the credit card on file. There will be no refunds or adjustments for cancellations, no shows, late arrivals or early departures.**

- Full payment for all nights' accommodation and parking due upon arrival unless **express check in** authorized in advance.
- Rates are subject to 5% GST and 4% Alberta Tourism Levy.
- All bedrooms are equipped with double beds; linen & towels are changed every three (3) days.
- Suites are not equipped with dishes or cooking utensils.

PLEASE NOTE:

**PLEASE FILL OUT THE CREDIT CARD AUTHORIZATION FORM ON PAGE 2 OF THIS FORM.
NO RESERVATIONS WILL BE ACCEPTED WITHOUT THIS FORM COMPLETED.**



**Grant MacEwan University
MacEwan Residence
Credit Card Authorization**

MacEwan Residence
11050 –104 Avenue
Edmonton, AB T5K 2Y9
780-633-8000
780-633-8910

I. Credit Card Information: **O Visa O MasterCard**

Card Number

Expiry Date

Cardholder Name

Cardholder Signature

Cardholder Phone Number

Cardholder Email

2. Payment Authorization Information & Terms

- ☐ I understand that processing of payments for all nights accommodation and taxes for this booking will occur **48 hours prior to the scheduled arrival date.**
- ☐ I authorize Grant MacEwan University to charge the credit card indicated in this document under the agreed terms.
- ☐ I understand that if the cardholder information is not my own, I must have this authorization signed by the cardholder before submitting payment authorization.
- ☐ I agree to notify MacEwan Residence of any changes in expiry date, account information, reservation dates, cancellations or termination of the authorization for payments.
- ☐ I have read, understand and agree to the terms of the MacEwan Residence 48 hour payment & cancellation policies.

I understand that by signing and submitting this form, I have read and agree to the terms of this form.

Reservation Holder Signature: _____ **Date:** _____

Cardholder/Payee Signature: _____ **Date:** _____

Please **print, complete and scan** to stay@macewan.ca OR fax authorization form to 780-633-8910

Personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act. The information is used for the purposes of managing the accommodation arrangements.

MacEwan Residence Internal use only

Confirmation # _____

Entered by _____ Tent Room # _____

Confirmation sent _____

By _____ Express check in Info sent _____