

Arrival Date



ASLE - June 2-7, 2009

Departure Date _____

First Name	Last	Name		
Address				
	Province/State			
Postal/Zip Code		email		
Phone ()	Fax ())		
	Room Types	Residential View	Ocean View	
	Standard Guest Room	\$139.00		7
	Superior Guest Room		\$159.00	
	King Bachelor Suite	\$159.00		
	One Bedroom Suite		\$209.00	7
	Two Bedroom Suite	\$239.00	\$259.00	7
ROOM TAXES: Number of People in R List all room occupants Check-in Time: 4:00 p	10% Provincial Hotel Toom			
have King + Double + s GUESTROOM ACCOM Special requests canno One Bed	s: One Bedroom Suites have on sofabed (sleeps 6). MMODATION REQUESTS: ot be guaranteed; however, we do Two Bests:	o our best to honour a		
	s must be accompanied by a credercard American Express		rcle):	
Credit Card Nu	ımber		Expiry Date	
Name on Cred	it Card			
Do you require written POLICIES: Reser	ignature NO confirmation? YES NO vations must be received by Ma ble. The cancellation requireme	ay 1, 2009. Late rese	ervations are subject t	to availability and group

If you have any questions, please contact Reservations at 1-800-663-5896

PLEASE RETURN THIS FORM TO FAX NUMBER (250) 480-6593 or

email reservations.harbourtowers@silverbirchhotels.com