



CUPE NATIONAL CONVENTION  
**October 7 – October 11**  
 Email: convention@cupe.ca  
 Web: cupe.ca  
 Hashtag: #cupe2019

CONGRÈS NATIONAL DU SCFP  
**7 octobre – 11 octobre**  
 Courriel : congres@scfp.ca  
 Internet : scfp.ca  
 Mot-clic : #scfp2019

# ACCOMMODATIONS

All requests must be received NO LATER THAN SEPTEMBER 6.

Complete and send to:

**W.E. Travel**

25A York Street, Ottawa, Ontario K1N 5S7  
 Fax: (613) 232-9931

**BOOK ONLINE • [wetravel.net](http://wetravel.net) • [cupe.ca](http://cupe.ca)**

**MAIL CONFIRMATIONS TO:**

PLEASE PRINT

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home or cell.) \_\_\_\_\_ (fax) \_\_\_\_\_

Email \_\_\_\_\_

PLEASE RESERVE FOR:					ARRIVAL		DEPARTURE	
NAME	1 BED 1 PERS.	1 BED 2 PERS.	2 BED 2 PERS.	SHARING WITH	DATE	TIME	DATE	TIME

**SPECIAL REQUIREMENTS:**

**CHOICE OF HOTEL**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Hotel loyalty No. \_\_\_\_\_

**Would you like W.E. Travel to arrange your transportation?**

yes  no

**If yes, an agent will be contacting you within 48 hours.**

If this credit card is being used to "PREPAY" hotel (room, tax, parking, incidentals etc...) please check box and a hotel credit card authorization form will be sent to you.

Please complete to guarantee your reservation.

Cardholder \_\_\_\_\_

Credit card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_

Should I cancel or make changes to my reservation, or no-show at the hotel, I authorize the hotel to charge the above credit card the full amount of the penalty or keep the deposit given upon confirmation of reservation. I have read, understand and accept the reservation, cancellation, change and no-show policy as stated on the following page. I understand that the details completed on this form will be forwarded to the hotel I have selected in order to make my booking.

Signature \_\_\_\_\_

Date \_\_\_\_\_