2017 OGRA CONFERENCE

February 26th - March 1st Fairmont Royal York Hotel, Toronto

FAIRMONT ROYAL YORK OFFICIAL SUITE FORM

To reserve a suite, please complete this form and fax it to

Fairmont Royal York Hotel Attention: Group Reservations (416) 860-5008

| Name of Person Requestin | ig Room: | | |
|--|---------------|------------|-----------------------------------|
| Surname | | Giv | ren Name |
| Name of Municipality/Comp | oany/Organiza | tion | |
| Street Address or P.O. Box | Number | | |
| City/Town, etc. | | | Postal Code |
| () | | () | |
| () Telephone (include Area C | ode) | Fax () | |
| Name of Contact Person | | Telephone | Email - required for confirmation |
| Arrival Date | | | Departure Date |
| Suite Type: Small Suite Large Suite-1 bedroom Large Suite-2 bedroom | | | |
| Suite Name (if known) | | | |
| Sharing Suite With | | | |
| Credit card information | | | |
| Visa | Master Card | | American Express |
| # | | | Expiry Date |
| Name on Card (please p | orint) | | Signature |

* EMAIL IS MANDATORY

**CANCELLATION POLICY

Fairmont Royal York-fee charged on each suite that is cancelled subsequent to initial booking.