

DELEGATE CREDENTIAL FORM

PLEASE FILL OUT BOTH SECTIONS AND DO NOT SEPARATE THIS FORM

U.S.C.O. Incorporated
51st Annual Convention
August 17 - 19, 2009

Receipt # _____
Holiday Inn
1011 Bloor Street East
Oshawa, Ontario

Club Number: _____ Club Name: _____
Delegate: Mr: Mrs: Miss: Name: _____
Package - including Banquet & Registration: Triple each **285.00** Double each **295.00** Single **360.00**
Banquet & Registration ONLY **\$95.00** Registration ONLY (non-refundable) **\$60.00**
Accommodation for Sunday, August 16, 2009 - *meals not included* - Double / Single per room **\$105.00**
Accommodation for Wednesday, August 19, 2009 - *meals not included* - Double / Single per room **\$105.00**
Secretary Signature _____
Receipt and credential should be returned to: _____
Address & Postal Code: _____

Please check your requirement and **mail both sections before July 10, 2009** to:
The United Senior Citizens of Ontario, 3033 Lakeshore Blvd. West, Toronto ON M8V 1K5
Note: If you are sharing a room, please indicate with whom: _____
Special Needs: (i.e. allergies, meal restrictions, etc): _____
Do you have a problem with stairs?: Yes No
Payment for accomodation for August 16th and /or August 19th must be remitted with credential forms.
Are you willing to assist with the election procedures: Yes No

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