

VISITOR 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: _____

Visitor: 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**

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.

Please print clearly on all forms.

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