

PLEASE FILL OUT BOTH SECTIONS DO NOT SEPARATE THIS FORM RECEIPT # _____

U.S.C.O.
52ND ANNUAL CONVENTION
AUGUST 16 – 18, 2010

DELEGATE CREDENTIAL FORM

HOLIDAY INN
601 SCOTTSDALE DR
GUELPH, 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 15, 2010 - MEALS NOT INCLUDED Double / Single per room \$105.00 []

Accommodation for Wednesday, August 18, 2010 - MEALS NOT INCLUDED Double / Single per room \$105.00 []

Secretary Signature-----

RECEIPT & CREDENTIAL SHOULD BE RETURNED

TO: _____

Address: _____ Postal Code: _____

**Please check your requirement and mail BOTH sections BEFORE JULY 08th, 2010 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 ACCOMMODATION FOR AUGUST 15TH AND/OR AUGUST 18TH MUST BE REMITTED WITH CREDENTIAL FORMS. **PLEASE PRINT CLEARLY ON ALL FORMS.**

Are you willing to assist with the election procedures: YES NO

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AUGUST 16 - 18, 2010

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