

## **CONFERENCE ACCOMMODATIONS REQUEST FORM**

**Please Print**

**Organization/Group Name:** \_\_\_\_\_

**Conference Event Name:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Number of guest(s)** \_\_\_\_\_ **Youth** \_\_\_\_\_ **Adults** \_\_\_\_\_

**Conference Date:** \_\_\_\_\_ **Group Billed?** \_\_\_\_\_ **Individually Billed?** \_\_\_\_\_

**Check in DATE:** \_\_\_\_\_ **Check out DATE:** \_\_\_\_\_

### **ACCOMMODATION REQ'D (please check one or more)**

- AVM – 2 Accessibility Suites (4 beds)
- AVM- 45 suites, two rooms in each suite, equipped with one double bed in each room, kitchenette and washroom (total 92 beds)
- UCR – Dorm style, communal washroom and shower facilities- 172 Beds
- PHR- 108 single room, with single size bed, equipped with private washroom- floors 4,5,6

Will you need parking passes for your guest(s)?

Will you need meals and additional conference rooms?

**Date form is submitted** \_\_\_\_\_

Thank you for taking the time to fill in this request form, the conference coordinator will be in contact with you very soon. We sincerely appreciate your interest in our residence accommodation.

**Please e-mail, fax, or mail to:**

**Residence Office – Conference Coordinator**

Arthur V. Mauro Residences

101-102 Dafoe Rd.

Winnipeg, MB R3T 6B3

Phone: (204) 480- 1415 Fax: (204) 474-7662

Email: [conference.residence@umanitoba.ca](mailto:conference.residence@umanitoba.ca)