

**DELEGATE CREDENTIAL FORM**

*Please Fill Out Both Sections and Do Not Separate This Form*

**Receipt #** \_\_\_\_\_

USCO Incorporated  
57th Annual Convention  
August 10 - 12, 2015

Holiday Inn and Conference Centre  
327 Ontario St.  
St. Catharines, Ontario

Club Number: \_\_\_\_\_ Club Name: \_\_\_\_\_

Delegate: Mr: [ ] Mrs: [ ] Miss: [ ] Name: \_\_\_\_\_

Package - including Banquet & Registration: Triple each **289.00** [ ] Double each **299.00** [ ] Single **364.00** [ ]

Banquet & Registration ONLY **\$100.00** [ ] Registration ONLY (non-refundable) **\$60.00** [ ]

Accommodation for Sunday, August 9, 2015 - *meals not included* - Double / Single per room **\$115.00** [ ]

Accommodation for Wednesday, August 12, 2015 - *meals not included* - Double / Single per room **\$115.00** [ ]

Secretary Signature: \_\_\_\_\_

Receipt and credential should be returned to: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

Please check your requirement and **mail both sections before July 10, 2015** 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 9th and /or August 12th must be remitted with credential forms.

Are you willing to assist with the election procedures: Yes [ ] No [ ]

***Please print clearly on all forms.***

**DELEGATE CREDENTIAL FORM**

*Please Fill Out Both Sections and Do Not Separate This Form*

**Receipt #** \_\_\_\_\_

USCO Incorporated  
57th Annual Convention  
August 10 - 12, 2015

Holiday Inn and Conference Centre  
327 Ontario St.  
St. Catharines, Ontario

Club Number: \_\_\_\_\_ Club Name: \_\_\_\_\_

Delegate: Mr: [ ] Mrs: [ ] Miss: [ ] Name: \_\_\_\_\_

Package - including Banquet & Registration: Triple each **289.00** [ ] Double each **299.00** [ ] Single **364.00** [ ]

Banquet & Registration ONLY **\$100.00** [ ] Registration ONLY (non-refundable) **\$60.00** [ ]

Accommodation for Sunday, August 9, 2015 - *meals not included* - Double / Single per room **\$115.00** [ ]

Accommodation for Wednesday, August 12, 2015 - *meals not included* - Double / Single per room **\$115.00** [ ]

Secretary Signature: \_\_\_\_\_

Receipt and credential should be returned to: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

Please check your requirement and **mail both sections before July 10, 2015** 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 9th and /or August 12th must be remitted with credential forms.

Are you willing to assist with the election procedures: Yes [ ] No [ ]

***Please print clearly on all forms.***