

VISITOR CREDENTIAL FORM

Please Fill Out Both Sections and Do Not Separate This Form

Receipt # _____

USCO Incorporated
58th Annual Convention
August 8 – 10, 2016

Cambridge Hotel & Conference Centre
700 Hespeler Rd.
Cambridge, Ontario

Club Number: _____ Club Name: _____

Visitor: Mr: [] Mrs: [] Miss: [] Name: _____

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

Banquet & Registration ONLY **\$105.00** [] Registration ONLY (non-refundable) **\$60.00** []

Accommodation for Sunday, August 7, 2015 - *meals not included* - Double / Single per room **\$115.00** []

Accommodation for Wednesday, August 10, 2015 - *meals not included* - Double / Single per room **\$115.00** []

Receipt and credential should be returned to: _____

Address & Postal Code: _____

Please check your requirement and **mail both sections before July 15, 2016** to:

The United Senior Citizens of Ontario, 3033 Lakeshore Blvd. West, Toronto ON M8V1K5

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 7th and /or August 10th must be remitted with credential forms.

Please print clearly on all forms.

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