

DELEGATE CREDENTIAL FORM

Please Fill Out Both Sections and Do Not Separate This Form

Receipt # _____

USCO Incorporated
59th Annual Convention
August 14 - 16, 2017

Best Western Inn & Convention Centre
930 Burnham Street
Cobourg, Ontario K9A2X9

Club Number: _____ Club Name: _____

Delegate: _____

Package **including** Registration & Banquet Triple each **\$289.00** [] Double **each \$299.00** [] Single **\$364.00** []

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

Accommodation for Sunday, August 13, 2017 - *meals not included* - Double / Single per room **\$115.00** []

Accommodation for Wednesday, August 16, 2017 - *meals not included* - Double / Single per room **\$115.00** []

Payment for accommodation for August 13th and /or August 16th must be remitted with credential forms.

Secretary Signature: _____

Receipt and credential should be returned to: _____

Address & Postal Code: _____

Please complete and return by mail **both** sections before **July 14, 2017** 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 []

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

Please print clearly on all forms.

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