



The RIMROCK
RESORT HOTEL

ROOM REQUEST FORM

ARDS - 2008

April 17, 2008 - April 20, 2008

ResID#11110092699

NAME OF PERSON REQUESTING ROOMS: (please print)

LAST NAME

FIRST NAME

STREET ADDRESS/BOX NUMBER

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

FAX NUMBER

EMAIL

Date of Arrival _____

Date of Departure _____

Total # of Rooms Required _____

Non-Smoking ____ Smoking ____ (Request is subject to availability)

CONFERENCE RATES (Room portion only)

Superior (obstructed view): single (\$192.00) CAD ____ double (\$199.00) CAD ____

Triple and quadruple accommodation is available at an additional cost of \$32.00 per person, per day. The Rimrock Resort Hotel allows a maximum of four (4) adults per guest room. Children under the age of 18 years, sharing a room with their parent/guardian(s) stay at no charge.

All room rates are subject to a 4% provincial tourism levy and the 6% Goods and Service Tax (GST).

We are pleased to extend the above conference rates three days prior and three days after the convention dates of **April 17, 2008 - April 20, 2008**, subject to availability.

Overnight self-parking is subject to a daily charge of \$8.00 per vehicle. Valet parking is subject to a daily charge of \$15.00 per vehicle.

Suites are available upon request. Please contact our Reservations Department directly for availability and rates. We offer two toll free numbers: Alberta 1-800-372-9270, and, Canada and the U.S.A. 1-800-661-1587.

Special requests _____

Reservations must be guaranteed with a one-night deposit. Reservations must be received by **March 18, 2008** and are based on availability. After this time, reservations will be subject to general availability. Deposits are refundable if cancellation is received prior to **April 7, 2008**. Please send this completed form to Reservations by mail or fax (403) 762-1853 or (403) 762-1850.

Check out time is 12:00 noon. Check in time is 4:00 p.m.

___ Guaranteed by credit card (American Express, Visa, Diners Club, En Route, JCB, Mastercard)

___ Guaranteed by first night's deposit (cheque enclosed). Mail to Box 1110, Banff AB, T1L 1J2

Credit Card Number _____ Expiry _____

I understand I am liable for one night's room and tax, which will be deducted from my deposit or billed through my credit card in the event that I cancel after **April 7, 2008**.

Signature _____

Date _____

**Please send directly to The Rimrock Resort Hotel Reservations Department
Fax: (403) 762-1853 or Mail: Box 1110 Banff AB T1L 1J2
Can & USA 1-888-RIMROCK (746-7625) or E-mail: reservations@rimrockresort.com**