

## AALS Mid-Year Meeting Reservation Request

The Sheraton Vancouver Wall Centre Hotel is pleased you have chosen it for your upcoming visit.

In guaranteeing your reservation for late arrival (arrival after 6:00 p.m.) the Sheraton Vancouver Wall Centre Hotel requires that you either:

1. Send the Hotel Reservation Request Form, with check or money order covering the first night's room and tax.
2. Fax (604) 893-7200 or call the hotel at (604) 331-1000 with your reservation, along with the entire number of one of the following credit cards: American Express, Diners Club, Enroute, JCB, MasterCard or Visa. If faxing the form, don't forget the expiration date and your signature, and be sure that you receive a confirmation from the hotel.

The Sheraton Vancouver Wall Centre Hotel will not hold your reservation after 6:00 p.m. on the day of arrival without guaranteeing the reservation with one of the above methods. AALS encourages you to guarantee your room because an unexpected arrival after 6:00 p.m. will result in a cancellation of the reservation. Deposits will be refunded only if cancellation notification is received by the hotel by 6:00 p.m. the day prior to arrival.

**Single/Double:** CAD 217.00 for single or double occupancy; plus 7% goods and services tax and 10% provincial sales tax.

**CUT-OFF DATE: May 28, 2007**

Check-in time is 3:00 p.m. and check-out time is 12:00 p.m.

**Making a reservation prior to the cut-off date does not guarantee availability of the AALS rate. To ensure accommodations, please make your hotel reservation early.**

**AALS Mid-Year Meeting**  
**Hotel Reservation Request**

Sheraton Vancouver Wall Centre Hotel

1088 Burrard Street

Vancouver, British Columbia, V6Z2R9

Call (604) 331-1000 or Fax (604) 893-7200

Guest Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Arrival Date and Time \_\_\_\_\_

Departure Date and Time \_\_\_\_\_

I will arrive at the hotel after 12:00 midnight

Number of people in room:  1  2  3  4

Share With: \_\_\_\_\_

Smoking  Non-Smoking

Bed Type Preference:  King  Double (2 beds)

Remarks/special needs:  
\_\_\_\_\_  
\_\_\_\_\_

If anyone in the room has a disability, please indicate the nature of the disability and any special accommodations needed: \_\_\_\_\_  
\_\_\_\_\_

**Single/Double:** CAD 217.00 for single/double occupancy; plus 7% goods and services tax, and 10% provincial sales tax

**CUT-OFF DATE: May 28, 2007**

I would like to guarantee for arrival after 6 p.m.

Deposit Enclosed:  Check or Money Order

American Express  Diners Club  Enroute

JCB  MasterCard  Visa

Number: \_\_\_\_\_

Exp. Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Authorized Signature:  
\_\_\_\_\_