

MIE HOTEL REQUEST FORM

Please e-mail completed & signed request form to: reception@mie.utoronto.ca

Requested by:					
Type of Booking/Event:					
Bill Payment: <i>(leave blank if guest is paying)</i>	CC	FC	Fund		
Apply payment to:	Room & tax charges only				
Provide U of T/ CAUBO Rate Discount:	<input type="checkbox"/> Guest will be paying for hotel stay & taxes.				
Notes:					
Authorized Account Holder Name & Signature:					
	<i>Name</i>		<i>Signature</i>		
Hotel Reservation For: Chelsea Hotel Toronto, 33 Gerrard Street West - 416-595-1975 <i>(Delux King or 2 Doubles Beds-for 2 guests sharing room)</i>					
Number of Rooms:					
Number of Adults:					
Total No. of Days:					
Check-In Date:					
Check-Out Date:					
Guest:	Title	FIRST Name:	LAST Name:	e-mail:	Confirmation #:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					