



LORD ELGIN

ACCOMMODATION BOOKING FORM

**Pre IFLA Conference
24th Annual Conference of Library and Research Services for Parliament**

FAMILY NAME: _____

FIRST NAME: _____

PARLIAMENT/INSTITUTION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE/ZIP CODE: _____

COUNTRY: _____ PHONE NUMBER: _____

FAX NUMBER: _____ E-MAIL: _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

TOTAL # OF NIGHTS: _____ NUMBER OF GUESTS IN ROOM: _____

ROOM TYPE: One (1) Bed Two (2) Beds

SMOKING: Yes No PARKING: Yes No (a \$20 + tax charge applies)

CREDIT CARD #: _____ EXP.: _____

SPECIAL REQUESTS: _____

*** Please fax or e-mail your completed form to our reservations office at 613-235-3223 or reservations@lordelgin.ca**

***WE LOOK FORWARD TO WELCOMING YOU TO THE HISTORIC
LORD ELGIN HOTEL!***