



**RESERVATION REQUEST FORM**  
(May – August only)

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_ Tel. # \_\_\_\_\_

Email Address: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Estimated Arrival Time: \_\_\_\_\_

Credit card required to reserve:

NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

Room Type Requested:

Private Room per night

Shared Room per night

Visit <http://nsac.ca/conferenceservices/fees.asp> for our latest room rates.

A Conference Staff member will contact you after receiving this request to confirm availability and other necessary arrangements. If you are coming as part of an attending conference to the NSAC, please specify as rooms may already be booked for you.

*You may return this form via fax or email:*

Fax # (902) 893-4258

Email: [consvc@nsac.ca](mailto:consvc@nsac.ca)