**13th Annual Conference on Computational Fluid Dynamics (CFD 2005)**
**July 31 – August 3, 2005**
**St. John's, NL, Canada**

# REQUEST FOR ACCOMMODATION

Please complete and return this form to: The Fairmont Newfoundland
Cavendish Square
St. John's, NL, Canada A1C 5W8
Tel: (709) 726-4980 Toll free: 1-800-441-1414
Fax: (709) 726-2025

| FAMILY NAME | FIRST NAME | INITIALS |
|---|---|---|
| AFFILIATION OR COMPANY | | |
| MAILING ADDRESS | | |
| CITY PROV/STATE/ | COUNTRY | POSTAL CODE/ZIP |
| TELEPHONE: | FAX: | |
| E-MAIL: | | |

***TYPE OF ROOM***

*Fairmont*(City View) Single / Double **$165 CDN _____**
Deluxe (Harbor View) Single/Double **$190 CDN _____**

| ☐ SMOKING ☐ NON-SMOKING | SHARING ROOM WITH |
|---|---|
| DATE OF ARRIVAL_____ TIME_____ | DATE OF DEPARTURE_____ TIME_____ |

***METHOD OF PAYMENT / MODE DE PAIEMENT***

Room reservations will only be held until 6:00 p.m. unless a guarantee is made with a major credit card. Any guaranteed reservation not cancelled prior to 6:00 p.m. on the day of arrival will be billed one night's stay.

| | | |
|---|---|---|
| ☐ Enclosed is my cheque made payable to The Fairmont Newfoundland | | |
| ☐ I wish to guarantee my reservation by credit card<br>☐ VISA ☐ American Express ☐ Diners Club/EN Route ☐ MasterCard | | |
| Card Number<br>_____/_____/_____/_____ | Expiry Date<br>_____/_____<br>Month Year | Print name of card holder as it appears on card: |
| SIGNATURE: | | DATE:<br>_____/_____/_____<br>DD MM YY |