

CALGARY -- HEART OF THE NEW WEST™ -- 2006

Name: _____
 Address: _____
 City: _____
 St / Zip: _____
 Home Phone: _____
 Special Needs: _____

Nametag: _____
 CAC of: _____
 Current Office: _____
 E-Mail: _____
 Emerg. Contact: _____
 Emerg Ph #: _____
 Relationship: _____

Confirmation at the double rate will be made only after payment has been received from both roommates. If you submit a reservation for double accommodations and do not specify a roommate, an attempt will be made to match you with another person; however, a match cannot be guaranteed. (Triple accommodations: Not a standard offering, but available upon request.)

EXTRA NIGHTS -- PRE/POST CONVENTION

Single: \$115.00 Double: \$58.00

Thurs 7/27 \$ _____ Roommate(s): _____
 Fri 7/28 \$ _____ Roommate(s): _____
 Sat 7/29 \$ _____ Roommate(s): _____
 Sat 8/5 \$ _____ Roommate(s): _____
 Sun 8/6 \$ _____ Roommate(s): _____

(Reservations for extra nights must be RECEIVED by June 28, 2006)

Delegate: Y N
 First Timer: Y N
 Smoker: Y N
 Need Roommate: Y N

CALGARY RATES -- REGULAR CONVENTION

Early-Bird Package (Postmark BEFORE 5/31/06) Single: \$1,060.00 Double: \$725.00
 Regular Package (Postmark BEFORE 6/15/06) Single: \$1,085.00 Double: \$750.00
 Late-Bird Package (RECEIVED BY 6/28/06) Single: \$1,110.00 Double: \$775.00

(For info on triple accommodations, please contact Don, Jim, or Christine. Contact info at bottom of form.)

Roommate(s) for Convention: _____

Chaplain Fund Contribution: \$ _____

Extra Nights Total: \$ _____

Convention Cost: \$ _____

Total Tour Cost: \$ _____

TOTAL PAYMENT: \$ _____

(For triple accommodations, pre-identified roommates MUST be listed above)

Plane _____ Bus _____ Car _____ Train _____

Arrival Information: Arr Date: _____ Arr Time: _____ Arr Flgt # _____

Departure Information: Dep Date: _____ Dep Time: _____ Dep Flgt# _____

RESERVATIONS RECEIVED AFTER JUNE 28, 2006 WILL BE BASED ON ROOM AVAILABILITY.
NO REFUNDS WILL BE MADE AFTER JULY 5, 2006. CANCELLATION FEE IS \$50.00.

In consideration of my authorized attendance and participation in the CACI National Convention 2006, I, intending to be legally bound, do hereby, for myself, my heirs, and executors waive, release, and forever discharge any and all rights and claims which hereafter accrue to me against Catholic Alumni and/or Catholic Alumni Clubs International (CACI), and any officer or member of said organization participating in, conducting, or responsible for the conduct of said convention, or any and all injuries suffered by me while traveling to and from this event or participation in this event. In the event that I choose to change my room status without prior approval by the Convention Staff, I will incur all charges that will be made and CACI is not liable for said incurred costs.

Signature: _____

Date: _____

Please return this form, along with your payment (check payable to CACI) to:

Christine Myers (Reservations Coordinator): 1464 E. La Palma Ave. #219 Anaheim, CA 92805-1561
 (714) 774-3254 or champions2002@adelphia.net

Convention Coordinators: Don Luebbering (513) 574-8573 and Jim Stammerman (502) 459-2506 or Jstammer64@aol.com