

ARGYLL PLAZA HOTEL

CORPORATE ROOM RATE CONTRACT

Please return this application to the General manager at your earliest convenience for processing. In the event you wish to establish a direct billing account, please contact our sales department for the appropriate application and information. Please allow 3 to 5 business days for processing.

Company Name: _____

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: (____) _____ **FAX:** (____) _____

E-Mail address: _____

Contact: _____ **Title:** _____

* Companies must stay a minimum of 10 nights per year in order to qualify.

* Corporate rates are subject to change, and can be subject to hotel availability, due to special events, blackout Periods or hotel occupancy without notice.

* Rates are subject to change without given notice to the registered company and are reviewed on a quarterly basis.

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|--------------------|-------------------------|--|
| * Corporate Rates: | Sunday thru Thursday | \$74.00 per night plus taxes / based on double occupancy |
| | Friday & Saturday | \$79.00 per night plus taxes / based on double occupancy |

| | | |
|---------------------|-------------------------|--|
| * Corporate Rates: | Sunday thru Thursday | \$79.00 per night plus taxes / based on double occupancy |
| After 80% Occupancy | Friday & Saturday | \$84.00 per night plus taxes / based on double occupancy |

OFFICE USE ONLY

Reviewed by: Paul Vincent

General Manager

Date: _____ **File:** _____

Signature:

Title:

Date:
