



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

CCNM Integrated Health Care Centre

Room Booking Form

Name: _____
 Last Name _____ First Name _____
 Phone Number: _____ E-mail Address: _____
 Your preferred start date: _____ Length of reservation: _____
 (e.g., 4 months, 6 months, 1 year, 1 year+)

* The daily/weekly rates listed below are the minimum room reservation rates. Practitioners will be charged 30 per cent of their gross billings (prior to tax) unless this amount fails to exceed the minimum. These rates are subject to change with three months notice. **Please note that the room is not booked until CCNM has confirmed your request. Requests will be approved based on operational requirements with priority based on long-term weekly reservations.**

Weekly Room Requests – Please complete this section if you wish to request rooms every week for the duration of your lease. Indicate the number of rooms, time and date you wish to request on a weekly basis on the chart below. (e.g., if you wish to request two rooms every Monday from 8 a.m. – 12 p.m., please enter a “2” in the space provided.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Number of Rooms	Number of Rooms	Number of Rooms	Number of Rooms	Number of Rooms	Number of Rooms
8 a.m. – 12 p.m. \$60/day*						
12 p.m. – 4 p.m. \$60/day*						
4 p.m. – 8 p.m. \$60/day*						
8 a.m. – 4 p.m. \$100/day*						
12 p.m. – 8 p.m. \$100/day*						
Full Day 8 a.m. – 8 p.m. \$150/day*						
One room for full week \$400/week*						

Other requests (not weekly): Please complete this section for all other room rental requests. List the month and dates that you wish to request. (If you wish to request the first Monday of every month, please enter as indicated; e.g., every first Monday, Jan – July.) **Be as specific as possible.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Dates of room request	Dates of room request	Dates of room request	Dates of room request	Dates of room request	Dates of room request
8 a.m. – 12 p.m. \$60/day*						
12 p.m. – 4 p.m. \$60/day*						
4 p.m. – 8 p.m. \$60/day*						
8 a.m. – 4 p.m. \$100/day*						
12 p.m. – 8 p.m. \$100/day*						
Full Day 8 a.m. – 8 p.m. \$150/day*						
One room for full week \$400/week*						

I _____ authorize the Canadian College of Naturopathic Medicine to deduct the greater of the minimum room rental rate or monthly billing amount from any fees processed, or to deduct the amount from other college payments in the event of non-payment.

Signature

Date