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 Email to: confirmations@saintlawrenceresidences.com
 Greyscale fax to: (416) 361-0837

Date _____

St Lawrence Residence and Suites offers rooms and suites in the heart of downtown Toronto. It is located very close to the largest downtown mall - The Eaton Center, entertainment and financial district with many fine restaurants around the corner. The public transportation, surface and underground (TTC) are steps away from the residences.
 NOTE: All long term leases monthly and longer are for calendar month, if your term starts in the middle of month, add 25% premium.

Date _____ Number of Guests _____ Term _____

First Name _____ Last Name _____

Address _____ Province/State _____

Postal/Zip _____ Country _____

Tel No _____ Fax No _____

Email _____

Start Date _____ End Date _____
 (Calendar Month)

Arrival Time: _____

ROOMS WITH SHARED BATH & KITCHEN	
A	Single Deluxe Room (Single Occupancy only)
B	Superior Single Room (Single Occupancy only)
C	1 Queen Bed Deluxe Room (Single Occupancy)
D	Superior 1 Queen Bed Deluxe Room (Single Occupancy)
E	2 Single Beds Deluxe Room (Double Occupancy)

SUITES WITH PRIVATE BATH (SHOWER) & KITCHENETTE	
F	1 Single Bed Private Suite (Single Occupancy only)
G	1 Double Bed Private Suite (Single Occupancy)
H	Superior 1 Double Bed Private Suite (Double Occupancy)
I	1 Queen Bed Private Suite (Double Occupancy)
J	Superior 1 Queen Bed Private Suite (Double Occupancy)

Special Requirements:

Total Calculation (Manual)									
LESS THAN 60 NIGHTS				2 TO 4 MONTHS					
Number of Nights	X Daily Rate	= \$	(A)	Months (M)	Rate (R)	Total	M x R	= \$	_____
Charge For Special Requests		= \$	(B)						
	Sub-Total (A+B)	= \$	(C)						
	Add 21% taxes on item ©	= \$	(D)						
	Total C+D	= \$							
				5 and More Months					
				Monthly rate	X 2= \$	(A)			
				Administration Charge	\$150	(B)			
				Total A+B	\$	_____			

Payment by: VISA Mastercard Amex Diners Other (Major credit card) _____

Name (as it appears on the cardholder's card) _____

Credit Card Billing Address: _____

Card No _____

Expiry Date _____ Security Code _____

I hereby authorize, St. Lawrence Residences & Suites to charge the above charges, and any future charges on my credit card, and I will pay to credit card issuer according to the cardholder agreement.

* Please provide us with a copy of front and back of your credit card and Picture ID (preferably scanned copies or camera pictures attached to email).

* All reservation must be paid for at the time of reservation, No refunds or changes allowed.

Signature (Card Holder) _____

Signature (Occupant, if different than credit card holder _____

Date _____

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