



Corporate Membership

Please return completed application to initialize your account.

Name: _____ **Date:** _____

Company Name: _____

Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Office Manager or Travel coordinator: _____

Title or Dept.: _____

Type of Business: _____

Please list the top three destinations that your company employees travel to most often:

1. _____
2. _____
3. _____

Estimate your company's anticipated total room nights used annually in Vancouver: _____

Travel Agent Name: _____

Contact and phone Number: _____

Please allow 2 weeks for processing.

Check here if you wish to receive a credit application with your confirmation. _____

Rates are subject to usage and can be changed upon notification

Quality Hotel
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