



FULL ASSESSMENT APPLICATION

CANADA SELECT ACCOMMODATION RATING PROGRAM

For the 2009 Inspection Year & the 2010 Tourism Saskatchewan Accommodation Guide

Please return the TOP portion of this form by **June 30, 2009** with payment to confirm your participation in the Canada Select Program.

Please complete the following information. *(Please print clearly)*

MANAGER'S NAME: _____ Phone Number: _____
 PROPERTY NAME: _____
 MAILING ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 EMAIL: _____ WEBSITE: _____

<p>NUMBER OF ROOMS _____ <i>Rate Calculations</i></p> <p>⇒ Base Fee: \$170.00</p> <p>⇒ plus \$4.50 per room first 40 rooms _____</p> <p>⇒ plus \$2.25 per room 41 rooms & over _____</p> <p>Subtotal: _____</p> <p>plus 5 % GST _____</p> <hr/> <p>AMOUNT DUE: \$ _____</p> <p>(Maximum \$550 + GST = \$577.50)</p>	<p style="text-align: center;">Sample : 60 Rooms</p> <p style="text-align: center;"><i>Base fee = \$170.00</i></p> <p style="text-align: center;"><i>+ \$4.50 x 40 = \$180.00</i></p> <p style="text-align: center;"><i>+ \$2.25 x 20 = \$ 45.00</i></p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;"><i>Subtotal: \$395.00</i></p> <p style="text-align: center;"><i>GST \$ 19.75</i></p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;"><i>Amount Due: \$414.75</i></p>
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Approved By: (SIGNATURE) _____ DATE: _____

For office use only
 Invoice #: **CS00** _____

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RETAIN THIS PORTION FOR YOUR RECORDS

PROPERTY NAME: _____

Base Fee + rooms: \$ _____

Plus (5%) GST = _____

Total Now Due: _____

Date Paid: _____

Make Cheques payable and mail to:
 The Saskatchewan Hotel & Hospitality Association
 #302 – 2080 Broad St. Regina, SK. S4P 1Y3
 Ph: (306) 522-1664 or 1-800-667-1118
 Fax: (306) 525-1944