



**spring seminar on
emergency medicine 2010**

28 September – 1 October 2010

**Pacific Bay Resort
Coffs Harbour, NSW**



Brought to you by PHEMC, ASCMO & ASEM



COFFS HARBOUR
PACIFIC BAY RESORT

Spring Seminar on Emergency Medicine Conference

28th September – 1st October 2010

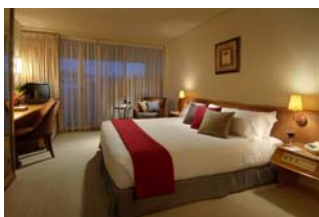
Dear guest, in order to reserve accommodation for the SSEM as well as benefit from the heavily reduced rates outlined below, please complete this reservation form and return as soon as possible. To secure your accommodation we require ~ Credit card details listed on this document below & your estimated time of arrival.

Fax: (02) 6651 3625 or email direct to stay@pacificbayresort.com.au

PO BOX 6305, COFFS HARBOUR NSW 2450

Toll Free ~ 1300 363 360 Phone ~ (02) 6659 7000

ROOM TYPES:

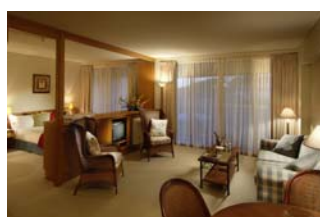


*Standard Resort Room

Resort Room Bedding is 1 King Size bed or 2 Single beds.
Please specify _____

Please tick for **single** room to be booked **\$178.00** per night
Including 1 breakfast

Please tick for **twin** room to be booked **\$197.00** per night
Including 2 breakfasts



*1 Bedroom Spa Suite

Spa Suite Bedding is 1 King Bed & 1 Double Sofa Bed in the lounge room. Suitable for 2 adults & 2 children.

Please tick for **single** room to be booked **\$228.00** per night
Including 1 breakfast

Please tick for **twin** room to be booked **\$247.00** per night
Including 2 breakfasts

2 bedroom suites are a combination of both resort rooms & 1br spa suites. Rooms feature two bedrooms, two bathrooms, kitchen, laundry, lounge & dining area with a double sofa bed. Available @ 368.00 room only

3 bedroom maisonettes are available in limited numbers at \$500.00 room only per room per night. Maisonettes consist of 3 separate bedrooms, 3 bathrooms, full kitchen and laundry facilities & large living/dining area.

BOOKING DETAILS: (please print)

NAME (S) _____ ADDRESS _____

STATE _____ P/CODE _____

PHONE _____ FAX _____ MOBILE _____

EMAIL _____ NO. OF GUESTS _____

ARRIVAL DATE _____ DEPARTURE DATE _____

EXP

SIGNATURE _____ NAME ON CARD _____

IF THE CREDIT CARD IS NOT THE GUESTS CARD PLEASE SPECIFY WHAT CHARGES THE CARD OWNER IS PAYING FOR

PLEASE SIGN _____

***One form per room only*