

Section C: Accommodation Booking

Accommodation Registration Form
Spring Seminar on Emergency Medicine
Tuesday 6 - Friday 9 October 2009

Name: _____

Address: _____

Ph: _____ Mob: _____

Email: _____

Check-in Date: _____ Check out Date: _____

Arrival time / flight : _____ Departure time / flight : _____



Cable Beach Club

RESORT

Accommodation Requirements: please indicate your accommodation preference

- Garden View Studio @ \$334.00 per night x _____ nights
- Pool View Studio @ \$383.00 per night x _____ nights
- Pool Terrace Studio @ \$440.00 per night x _____ nights
- Other Accommodation Option _____ x _____ nights

Number of guests in room: _____

Roll away beds available at \$50 per night. A limit of 1 per room \$ _____

Yes, I would like to book an airport transfer (\$10 payable direct to Cable Beach Club)

Please note that it is a specific requirement of **Cable Beach Club** that **total accommodation charges be made at time of booking**



Accommodation Requirements: please indicate your accommodation preference

- Studio Apartment @ \$248.00 per night
- Two Bedroom Apartment @ \$ 359.00 per night
- Other Accommodation option _____

\$ _____

Number of guests in room: _____

Yes, I would like to a complimentary airport transfer

First night's accommodation deposit required to secure booking

TOTAL ACCOMMODATION FEES:

\$

Please forward this form along with registration to:

Conference Secretariat
SSEM 2009, Conference Magic, 7 Fiona Rd, Beecroft, NSW 2119
Or fax: 02 9481 7650