

ACCOMMODATION BOOKING FORM

**Spring Seminar on Emergency Medicine 2016
Tuesday 27th September 2016 – Friday 30th September 2016**

To make your reservation, please complete and return this form to **Fax: 7 5449 4753**. All confirmations are subject to availability at the time of the Resort receiving your request. Only reservations with a Resort Confirmation number will be considered as definite. If you have any questions, please phone the Resort on **7 5449 4888 & ask to speak with IN-HOUSE RESERVATIONS.**

Surname: _____ First Name: _____ Title: _____

Address: _____ State: _____ Post Code: _____

Telephone :_(____)_____ Fax:_(____)_____ Email:_____

Arrival Date:____/____/____ Departure Date:____/____/____ Estimated time of arrival: _____

ACCOMMODATION GROUP RATE OPTIONS:

Run of House Studio – Room Only **\$420.00 per room, per night** (Rates are inclusive of GST)

Group rate is available for the 25th – 30th Sept 2016. Any additional nights may incur a higher rate

Full Buffet Breakfast served from 6.30am – 10:30am and available on consumption for \$25.00 per person.

PLEASE SELECT YOUR PREFERRED ACCOMMODATION TYPE: (request basis only)

1 x King Bed YES 2 x Double beds YES Number of persons occupying room_____

For any upgrade options, pre & post accommodation and/or special requests, please contact Jenna Burnes, Account Director at 07 5449 4704

SPECIAL REQUESTS:

Cot \$25.00 per night Sofa or Rollaway bed \$55.00 per night
 Self Parking \$25.00 per day Valet Parking \$35.00 per day
 Arrival Transfer: Airport: _____ Flight number: _____ Arrival time: _____

Preferred transfer method: Shuttle Bus Private Car (Price will be confirmed by hotel)

Departure Transfer: Airport: _____ Flight number: _____ Arrival time: _____

Preferred transfer method: Shuttle Bus Private Car (Price will be confirmed by hotel)

PAYMENT DETAILS:

A Credit card number, to be held as a guarantee, is required to secure your booking.

Diners Amex Bankcard MasterCard Visa

Card Number _____/_____/_____/_____ CCV Number _____ Expiry Date _____/_____

Card Holder's Name _____ Cardholder's Signature _____
(must be provided for reservation to be processed)

Please note a 1.5% fee applies to all transactions settled by credit card. This amount will be added to the total.

All bookings hold a 30 day cancellation policy. If accommodation is cancelled within 30 days prior to arrival; accommodation will be charged to the credit card provided for all nights cancelled. Total accommodation costs plus \$100.00 per night will be required upon arrival to the hotel as security pre-authorisation. Any unused portion will be refunded on departure.



Initial & Date _____