Accommodation booking form



| International Biomet | ric Society# | 2619814 | | Dat | e 26-27 N | Nov 2017 | |
|---|---|---|--|--|---------------------------------|-------------------------------|--|
| First name: | | Surname: | Surname: | | | | |
| Address: | | | | | | | |
| Phone: | | Email: | Email: | | | | |
| Fax: | | Arrival Time | Arrival Time: | | | | |
| No. of Adults: | | No. of Child | No. of Children and Ages: | | | | |
| Special Requests: | | | | | | | |
| 2 | | Configuration se circle) | Arriva Date | | Number Of Rooms Per Night | Rate Per Room Per Night | |
| Hotel Room Single B&B | King | Twin single | es | | | \$155.00 | |
| Hotel Room Twin B&B | King | Twin single | es | | | \$165.00 | |
| 1 Bedroom Single B&B | King | | | | | \$165.00 | |
| 1 Bedroom Twin B&B | King | | | | | \$175.00 | |
| Extra Breakfast | | | | | | \$20.00 | |
| Extra Person; Bed & Bfast | Sofa Bed & Breakfast | | | | | \$40.00 | |
| Infant | Baby Cot | | | | | \$10.00 | |
| Extra Bed & Breakfast \$\$ applicable to BOOKING TERMS & CONDITIONS: For cancellations within 30 days of arriv. No show bookings will be charged for the All room types are subject to availability. All credit card transactions will incur as soon to credit card, you are required to provide the leave a \$100.00 cash deposit which will. Check-out is by 10am on the day of your. Special requests will be noted on your book to should you wish to extend your stay post. CREDIT CARD DETAILS (Please compl.) | al fees will apply the first night that the time of enquiry turcharge will be required to present a covalid photo identification for the refunded less any incident the departure tooking. All requests are subject that conference, we would be he tet this section to pro | credit card for a pre-auti front desk to copy, prep tal charges on check-out ct to availability only an inced deposits will be iss appy to offer you these s | norisation. If you do r ay your total accomn d cannot be guarant ued ame rates | not have a nodation and eed ntend to hold & pay | | | |
| Card Number: | LINCAND L | ■ VISA | Expiry Da | | / | | |
| Name on Card: | | | | | | | |
| Is this credit card to be used for: \Box If using credit card supplied to pay | ☐ To pay for Acc | commodation an | d all incidental | Accommodation s | ONLY — Yes | □ No | |
| Please supply an email address for | r your tax invoice to | be sent: | | | | | |

PLEASE RETURN THIS FORM TO **RESERVATIONS** - Email = onsaltbeach.groups@mantra.com.au OR Fax = 02 6670 5111