

ACCOMMODATION BOOKING

| To: | Reservations | | | |
|---|---|-----------------|--|-------------------|
| Fax: | +61 3 9659 0333 | | | |
| Email: | reservations@spm.stamford.com.au | | | |
| From: Phone number: Fax number: Address: | * * * * | | | |
| Email: I wish to make the follo AAMAS Conference Friday 18 th July 2003 Check in: Check out: | * owing reservation for ac * * □ One Bedroom Suite □ Two Bedroom Suite | : | ssociated with: □ Smoking □ Non-Smokin | ng |
| Room Rate: | □ \$190.00 One Bedroom Suite per room/night □ \$205.00 One Bedroom Suite including one breakfast □ \$220.00 One Bedroom Suite including two breakfast □ \$230.00 Two Bedroom Suite per room/night □ \$260.00 Two Bedroom Suite including two breakfast Rates are nett/non commissionable and inclusive of 10% GST. □ | | | |
| Guest name: * I will be settling my account by: * □ Cash □ Credit Card □ Cheque Credit card #: * | | | | |
| Expiry Date: * Cardholder: * Hotel use only – Confirm booking within 24 hours | | | | |
| Hotel Resvn Agent | | Date | Bkg Confirmation | on No. |
| Please be aware cancellations must be made 48 hours prior to arrival to avoid cancellation / no show fee of one nights accommodation being billed | | | | |
| expenses at time of ch is payable at the end of | e one night's accommo eck-in. Deposit refunde | ed on departure | if not utilised. B | alance of account |