

**Franchise Association
14602**

Surname: _____ **First name:** _____

Address: _____

Town/City: _____ **State:** _____

Post Code: _____ **Country:** _____

Phone: () _____ **Fax: ()** _____

Email: _____

Arrival Date: _____ **Departure Date:** _____

Please note: Check in time is 2.00 PM & check out time is 10.00 AM, please advise if you will be checking in prior and we endeavour to assist with your requirements

Number of Adults occupying the room: _____

Number of Children (under 12) occupying the room: _____

ROOM REQUIREMENTS

SUPERIOR KING ROOM AT \$175.00, TWIN AT \$195.00 PER NIGHT

Single

Double

Twin Share

Name of sharer _____

SUPERIOR LAKEVIEW KING ROOM AT \$190.00, TWIN AT \$210.00 PER NIGHT

Single

Double

Twin Share

Name of sharer _____

SUPERIOR KING OR TWIN ROOM ONLY AT \$155.00 PER NIGHT (10th Only)

Single

Double

Name of sharer _____

SUPERIOR LAKEVIEW KING OR TWIN ROOM ONLY AT \$170.00 PER NIGHT (10th Only)

Single

Double

Name of sharer _____

Extra (third) person at \$40.00

Special Requirements _____

Please guarantee my booking with the credit card number listed below:

Card Type: _____ Number: _____ Expiry: _____

Signature: _____ Date: _____

Conference accommodation information:

- **Cancellation policy: If this reservation is cancelled within 48 hours of arrival or the guest does not arrive at the Hotel on the above date, a charge of one nights accommodation will apply**
- **All requests are subject to availability**