



**ACCOMMODATION
RESERVATION FORM
KCONFAB CONFERENCE
17/08/2010 – 20/08/2010**

GUEST ONE (Name): _____

Address: _____

Phone No.: _____ **E-mail:** _____

Arrival Time: (Check in time is from 14:00) _____

Special Requirements: _____ **SHARING WITH:** _____

(ALL ROOMS AND ROOM TYPES ARE SUBJECT TO AVAILABILITY)

ROOM TYPE	ARRIVAL DATE	DEPARTURE DATE	NUMBER OF ROOMS PER NIGHT	RATE PER ROOM PER NIGHT
Hotel Room B&B				\$136.00
Hotel Room Ocean B&B				\$164.00
1 Bedroom Suite B&B				\$166.00
1 Bedroom Suite Ocean B&B				\$197.00

- Select which bedding configuration you require in your selected accommodation type

Resort Room (King bed)

Resort Room (Twin bed – Twin share)

1 Bedroom Suite (King bed)

Payment: Accommodation must be prepaid prior to arrival. Incidentals settled on departure.

Credit Card Details: AMEX M/C B/C VISA DINERS JCB

Name on Card: _____ Card Number: _____

Expiry Date: _____ Payment Amount:\$ _____

GUEST TWO (Name): _____

Address: _____

Phone No.: _____ **E-mail:** _____

Arrival Time: (Check in time is from 14:00) _____

Special Requirements: _____ **SHARING WITH:** _____

(ALL ROOMS AND ROOM TYPES ARE SUBJECT TO AVAILABILITY)

ROOM TYPE	ARRIVAL DATE	DEPARTURE DATE	NUMBER OF ROOMS PER NIGHT	RATE PER ROOM PER NIGHT
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Name on Card: _____ Card Number: _____

Expiry Date: _____ Payment Amount:\$ _____

“Should you wish to extend your stay post conference, we would be happy to offer you these same rates”

Please send my confirmation by: Post E-mail

Please Return This Form To: Reservations Manager onsaltbeach.groups@mantra.com.au or Fax (02) 6670 5011