



Sun International

A Million Thrills. One Destination.



SAIMM –PLATINUM 2012 15 – 20 SEPTEMBER 2012 ACCOMMODATION RESERVATION FORM

How to make your reservation:

- Option 1** Phone Sun International Central Reservations on **+27 (0) 11 780 7818** and quote your **Group ID** (found in rates table in this form) for the hotel of your choice and provide them with the relevant information.
- Option 2** Fax the form on the reverse of this page to Group Reservations on **+27 (0) 11 780 7596**.
- Option 3** E-mail the form on the reverse of this page to **grpresv@za.suninternational.com**
- You will receive written confirmation of your booking within 24 hours

How to pay for your reservation:

Please note that FULL PREPAYMENT for any accommodation booked is required within 10 days of making your booking, alternatively your booking will be released.

Option 1: Credit Card

- Fax or email the credit card form on the reverse of this page to Group Reservations on **+27 (0) 11 780 7596** or to **grpresv@za.suninternational.com**.

Option 2: Direct Deposit

- If you do not have a credit card, you will be required to make a cash deposit into Sun International's bank account within 10 days of making the reservation, alternatively your booking will be released.
- Fax your deposit slip to the Advance Deposit Manager at **+27 (0) 11 780 7168**.
- Please include your reservation number and contact telephone number on the deposit slip.

Banking Details:

- Sun International Limited c/o Local Advance Deposits
Standard Bank, Sandton Branch, 019205, Current Account
Account number: 02 267 1889

Terms and Conditions:

- Accommodation will be allocated on a 'first come, first served' basis.
- Please note that "split weekends" are not permitted.
- On arrival at your hotel, you will be required to provide a credit card guarantee or cash deposit, to cover charges you may incur over and above your accommodation.
- Please note the closing date **31 AUGUST 2012** is the last day on which reservations will be accepted.
- The rates quoted are net, per room, per night including Bed & Breakfast, tourism levy and 14% VAT.
- These rates are valid for the period of the **SAIMM PLATINUM** Only.

Cancellations:

- A cancellation made 7 days prior to arrival date will entitle you to a full refund of the money's paid, upon written request faxed to the Advance Deposit Manager on **+27 (0) 11 780 7168**.
- A cancellation made within 7 days of arrival date will result in the forfeit of one night's accommodation including the relevant taxes.
- In the event of a "no-show" the full package price will be retained.

SAIMM –PLATINUM 2012
15 – 20 SEPTEMBER 2012

Closing date for Accommodation Reservations:
31 AUGUST 2012

| LOCATION | ROOM TYPE | GROUP ID | MIDWEEK Sunday – Thursday Nights | |
|----------|-----------------------|-----------|-------------------------------------|------------|
| | | | Double | Single |
| CASCADES | LUXURY TWIN | SAIMM1203 | R 2,210.00 | R 2,045.00 |
| CABANAS | STANDARD TWIN ROOMS | SAIMM1202 | R 1,435.00 | R 1,290.00 |
| | STANDARD FAMILY ROOMS | | R 1,860.00 | R 1,715.00 |

| GUEST INFORMATION (Please Print) | | | | | |
|---|--|----------------|----------------|---------------------|-------------|
| Please read the terms and conditions and sign in the space provided below in acceptance thereof | | | | | |
| Surname | | Name | | Title | |
| Partner's Surname | | Partner's Name | | Title | |
| Postal Address | | | | | Postal Code |
| Facsimile | | Tel (B) | | Tel (H) / Cellphone | |
| Arrival Date | | | Departure Date | | |
| Group ID | | | | | |
| Special Requests / Instructions? | | | | | |
| Guest Signature | | | Name | | |



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AUTHORISATION FOR USE OF CREDIT CARD

I, Mr./s _____ hereby give authorisation to **SUN INTERNATIONAL** to

DEBIT my credit card for the amount of R_____

(amount in words)_____

This amount is for accommodation PRE- payment/s for the following reservation/s:

CARD TYPE: _____ EXPIRY DATE: _____ CVC AUTH No (3 digits) _____

CARD NUMBER: _ _ _ _ _

CARD HOLDERS FULL NAME: _____

CARD HOLDERS I.D NUMBER : _____

CONTACT TELEPHONE NUMBERS: TEL: _____ CELL: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

POSTAL ADDRESS: _____

CARD HOLDERS SIGNATURE: _____ DATE: _____

Please fax completed details to Advance Payments on Fax **(011) 780 7168** or mail to **payments@za.suninternational.com** .

It remains the responsibility of the Card Holder to verify if this authorisation has been received and processed onto the correct reservation.

Reservations where card payments been declined by Card Division, will be cancelled.

Cancellation of reservations made 7 days prior to the arrival date will result in a cancellation fee of the first nights accommodation being charged.

Thanking you

CHANTAL GELDENHUYS

ADVANCE DEPOSIT MANAGER