## HAMILTON ISLAND ACCOMMODATION BOOKING FORM AUSTRALIAN & NEW ZEALAND COLLEGE OF ANAESTHETISTS (ANZCA)

## PLEASE RETURN COMPLETED FORM TO::

Hamilton Island Groups Level 3, 100 Pacific Highway, St Leonards, NSW 2065 F: 02 9433 0499 P: 13 REEF (7333)

E: groups@hamiltonisland.com.au

GUEST DETAILS					
Please complete one booking form per room.					
SURNAME		GIVEN NAME			
POSTAL ADDRESS		STA	TE POST	CODE	
HOME PHONE		BUSINESS PHONE			
MOBILE PHONE		_ FACSIMILE			
EMAIL ADDRESS					
NUMBER OF ADULTS (13 years and over)	NUMBER (	OF CHILDREN (12 ye	ars and under)		
NAME OF ADULTS SHARING YOUR ROOM					
ACCOMMODATION					
Please note that accommodation is subject to a our Groups team will be in contact with you to d			nodation type be fully	booked, a member of	
HOTEL ACCOMMODATION	NIGHTLY RATE	NO. OF NIGHTS	CHECK IN DATE	CHECK OUT DATE	
Reef View Hotel (Run of House)	\$300				
Reef View Hotel Family Rooms upon request only and subject to availability	\$300				
TOTAL COST OF ACCOMMODATION (Excludia					
OTHER ROOM REQUIREMENTS (Cot, Highchair	r, Interconnecting r	ooms etc)			
BUFFET BREAKFAST					

Pre-purchased breakfast will be charged regardless of consumption. Refunds for breakfast will not be issued.

DO YOU WISH TO PRE-PURCHASE BREAKFAST? (Please circle)  $\underline{\text{Yes} / \text{No}}$ 

Pre Purchased buffet breakfast is \$24 pp; buffet breakfast on consumption is \$32 pp.

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ARRIVAL DETAILS			
This is required to ensure y room.	our room is av	ailable for check in at 2pm.	Failure to provide arrival details may delay access to your
ARRIVAL FLIGHT NUMBER		ARRIVAL TIME	ARRIVAL DATE
DEPARTURE FLIGHT NUME	ER	DEPARTURE TIME	DEPARTURE DATE
TERMS & CONDITION	18		
Please ensure that you are authorization below.	familiar with th	ne terms and conditions asso	ciated with this booking form before signing the payment
BOOKING PROCEDURE &	CONDITIONS		
1. All accommodation is s	ubject to availak	oility.	
2. Confirmation will be set	nt to the email c	address provided, within 3 wo	king days of receiving booking form.
3. Full pre payment is requ	uired at time of	booking to confirm your reser	vation. Failure to provide payment information below may
result in your booking b	eing returned u	inconfirmed.	
4. Hamilton Island Group	Reservations m	ust receive accommodation be	poking forms <b>no later than 30 days prior to the conference</b>
start date: 2 October 20	<b>)11</b> Any reserve	ations received after this date	cannot be guaranteed and will be subject to availability.
			le in writing. These changes will not be accepted over the
·		ges to groups@hamiltonisland	
	_	, .	eit one (1) night's accommodation.
·		ommodation will attract a 100	
8. Bookings for arrivals an	ıd departures ou	utside of the main conference	dates will be subject to availability.
PAYMENT			
Please note that all credit or transactions and 3.36% for			e fees are 1.25% for Visa, Mastercard and Bankcard
Total accommodation and	breakfast cost (e	excluding credit card fee): \$	
CREDIT CARD TYPE	1.25% fee 3.36% fee		
CREDIT CARD NUMBER			EXPIRY/
I,		have read and u	nderstood the terms, conditions and cancellation policies
outlined above. I accept the	e associated cre	dit card transaction fee, and haction fees from my credit car	nereby authorise Hamilton Island to deduct the appropriate
SIGNATURE			DATE / /