

**SASSPA Conference  
25<sup>th</sup> – 27<sup>th</sup> August 2010**

**Accommodation Registration Form**

**Sofitel Accommodation Booking Code: SASS270810**

**CONTACT DETAILS**

TITLE (Please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	_____
FAMILY NAME					
GIVEN NAME					
ORGANISATION					
STREET ADDRESS					
CITY			STATE		
COUNTRY			POSTCODE		
TELEPHONE					
FACSIMILE					
EMAIL					

**ROOM TYPE AND RATE**

<input type="checkbox"/> <b>Superior Room</b> ( King Bed )- \$230.00 incl. of Full Breakfast for 1 person <input type="checkbox"/> <b>Luxury Club Room</b> (King Bed) - \$331.00 incl. of Breakfast & Club Sofitel access & Inclusions	
ARRIVAL DATE	DEPARTURE DATE
ROOM TYPE REQUEST ( <i>please circle</i> ) KING/ TWIN	NO OF GUESTS
IF SHARING THE ROOM, WITH WHOM	
SPECIAL REQUESTS (Not Guaranteed)	

<b>ACCOMMODATION TOTAL</b>	\$ _____ .00
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**Please note that a credit card transaction fee, which is currently 1.5% of the amount charged, will apply. This fee is subject to change.**

- Please use this card to guarantee the booking. No payment to be made, unless of Cancellation or No Show.
- Please charge the total amount to the following credit card
- Please charge one night's accommodation as a deposit only

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Diners Card | <input type="checkbox"/> JCB      |
| <input type="checkbox"/> MasterCard       | <input type="checkbox"/> Visa        | <input type="checkbox"/> Bankcard |

CREDIT CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD	EXPIRY DATE
	____ / ____ / ____

SIGNATURE	DATE
	____ / ____ / ____
	CCV
	____ / ____ / ____

**Breakfast is served daily in Garden Court on Level 5 from 6:30am to 10:30am. Continental Breakfast \$31.00 per person /Full breakfast is \$38.00 per person.**

Please fax this registration form as soon as possible as all reservations are subject to hotel availability.

The rates quoted is per room per night, inclusive of GST.

Any cancellations received within 14 days of conference will incur a cancellation fee equivalent to 1 nights accommodation, unless reservation is transferred to another delegate within the same company – which must be amended a minimum of 48 hours advance notice.

A credit card must accompany this registration form to guarantee your booking. We observe these security procedures to protect you from the unauthorised use of your credit card. The credit card details used for this accommodation booking must be presented at the Hotel on check-in for verification and to guarantee any incidental charges during the stay.

Check-in at the hotel is after 2pm. If you arrive before this time you may not be able to access to your room.

To secure your accommodation, please fax / email this form directly to

**Sally Simonds**  
**Conference & Events Supervisor**  
**Sofitel Sydney Wentworth**  
**61-101 Phillip Street**  
**Sydney NSW 2000**  
**Tel: +612 9228 9167**  
**Fax: +612 9228 9145**  
**Email: [H3665-SB01@sofitel.com](mailto:H3665-SB01@sofitel.com)**

