

Folio: # 194876

Accommodation Booking Form – Australasian Online Document & Content Tuesday $13^{\rm th}$ – Friday $16^{\rm th}$ May 2008

	Surname	First Name	
	Title	Company / Function Name	
	Address		
		P/code	
	Phone (W)	Phone (H)	
	Fax:	E-mail	
To secure your booking, we require your <u>credit card details along with a legible photocopy</u> of the front and back of the card (credit card is only used to guarantee booking), <u>or a deposit cheque</u> equal to your first night's accommodation. (NOTE: Cheques will be accepted for deposits only, and must be received 14 days prior to the stated arrival date.)			
	Credit Card #	Expiry Date	
	Clients Signature:	·	
	Arrival Date Departure Date No of Nights		
	Type of Room	☐ Studio Room (1 King Bed) ☐ Twin Room (2 Double beds)	
	No of Guests in R	doom No of Adults No of Children	
	Name of Delegate you are sharing with		
	Smoking or Non-Smoking Room preferred(Subject to availability.)		
TWIN ROOM RATES \$173.00 per room per night – Inclusive of Full Breakfast for two people			
\$156.50 per	ngle, double or twin share occupancy) – Inclusive of Full Breakfast for one person		
	ngle, double or twin share occupancy) – Accommodation only		
(Accommodation based on single, double or twin share occupancy)			
Please Upgrade my room to an Ocean View for an additional \$30.00 per in Please Upgrade my room to a Deluxe Suite for an additional \$100.00 per in \$100.00 pe			
		Royal Suite for an additional \$200.00 per night	_
	ution Cancellation		
		ntion received within 48 hours of the arrival date, ncur a one-night accommodation charge per room. OFFICE USE OFFICE US	NLY
Please fax	or email this	form to Mantra Legends Hotel Confirmation #	
Reservations Department at: Fax us on 07 5588 7885 or Email: legends.res@mantraresorts.com.au (Any queries regarding booking form, please call: 07 5588 7888 or 1800 683 866) Confirm			