

THE SEBEL PLAYFORD



ADELAIDE

Accommodation Booking Form – Australian Sonographers Association 2009 Thursday 21st till Sunday 24th May 2009

[For office use only] Reg No:

PERSONAL DETAILS

Title (Dr/Mr/Mrs/Ms/Miss/etc)

Surname:

Given name:

Organisation:

Postal Address:

Suburb/Town: State:..... Postcode/Zip:

Country: e-mail:

Telephone: (work) Telephone: (home).....

Facsimile: Mobile:

Date of Arrival: Time:

Date of Departure: Time:

ACCOMMODATION

Rooms	Published Tariff Single/Double	Australian Sonographers Association Group Tariff Room Only	
		Single/Double	B&B (x1 breakfast) Single/Double
Playford Guest Room	\$380.00	\$229.00	\$254.00
Studio Suite	\$460.00	\$259.00	\$284.00
Loft Suite	\$500.00	\$289.00	\$314.00

Number of Adults ()

Room / Suite Type Playford Guest Room () Single () Double () Twin ()

 Studio Suite () Single () Double ()

 Loft Suite () Single () Double ()

Special requirements: (disabilities, smoking room etc).....

PAYMENT DETAILS

Credit Card Number:

Expiry Date:

Date of payment:

Cheque No:

Please fax completed form to 08 8213 8833

Cancellation Policy

30 days prior to arrival -Should you cancel within this period
x1 nights accommodation charge will apply

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15 days prior to arrival - Should you cancel within this period
the cancellation charge will be equivalent to the full duration/ value of the booking.