STAMFORD Plaza Adelaide

Accommodation Registration Form
AUSTRALIAN SONOGRAPHERS CONFERENCE
21 – 24 MAY 2009 Group Reference: AU2105

Please send the completed registration form to:
ATTN: Group Reservation, Stamford Plaza Adelaide
FAX: 61 8 8461 0319 PHONE: 61 8 8461 0839
EMAIL: grouptours@spa.stamford.com.au (in PDF format only)

Name(s):……
Given Name *Surname in CAPITALS*

Email Address:……

Phone: Mobile: ……**Work:** ……..

Fax: ……

Please book accommodation at the Stamford Plaza Adelaide as follows:

Arrival Date: ……**Departure Date:**……..

Number of guests:……**ETA:**……

Special Requirements / Requests: ……

NOTE:
A select number of rooms have been reserved by the hotel for 21ST, 22ND & 23RD May 2009 only. Dates outside the blocked dates are subject to availability. **Bookings are not confirmed until you have received confirmation directly from the hotel**. The below rates are being offered: *(Please confirm your preference)*

- ❑ Superior City View - $170.00 per room, per night, room only
- ❑ Superior Park View - $195.00 per room, per night, room only

Upgraded rooms are available at an extra cost – please contact the hotel for information

Type of room required: Requests will be honoured subject to availability

- ❑ Single / Double (1 queen bed)
- ❑ Twin (2 x large singles)
- ❑ Smoking
- ❑ Non-Smoking

All cancellation and reductions within 14 Days prior to arrival are subject to all night's accommodation cancellation charge. All non-arrivals to the hotel will be charged for all room nights not utilised.

Credit Card Confirmation: *Bookings will not be accepted without credit card confirmation.*

Credit card number:……Exp: ……../……

Name on card: ……..

Signature: ……Date:……

If the above card is not owned by the cardholder, will this card be used to pay for the specified guest/s?

YES / NO If yes, specify which charges……