ACCOMMODATION REGISTRATION
PDN School Leaders' Conference
Please fax your completed form to
Conrad Jupiters +61 7 5592 8219

Surname: _____

First name: _____

Company Name: _____

Telephone (W): _____

Telephone (AH): _____

Email: _____

Address:

_____

_____

_____

Number of persons requiring accommodation

_____ Adults _____ Children

*No charge if children are sharing with parents.
Max 2 adults/2 children per room using existing bedding

I/We shall be arriving on:-

/ / /
Day - Month - Year

Arrival time: _____

And departing on:- / / /
Day - Month - Year

PLEASE NOTE:
Check in time 2.00pm onwards
Check-out time 11.00am

Special requirements:

_____

_____

Confirmation booking number: (Hotel use only)

_____

Conrad Jupiters, PO Box 1515, Broadbeach Island,
Broadbeach, Qld 4218, Australia
Telephone: 61 7 5592 1133 Facsimile: 61 7 5592 8219

Accommodation charges are payable at time of check out.

Please nominate method of payment:

B/card ☐ M/card ☐ Visa ☐ Amex ☐ Diners ☐

Credit Card Number

Expiry ☐☐☐☐ Cash ☐

I authorize my credit card to be used as payment for accommodation for the above named.

Cardholders Name: _____

Cardholders Signature: _____

Is the above credit card for:

Yourself ☐ Payment will be taken upon check out of hotel

Third Party ☐ *Please fill in card holder details below:*

Cardholders Details:
Cardholders Name: _____

Cardholders Address: _____

_____

_____

Cardholders Telephone Number: _____

Cardholders Signature: _____

I authorize my credit card to be used as payment for Accommodation ☐ or Accommodation & Incidentals ☐ for third party named above.

Please note: Guests will need to leave an additional $200 surety on arrival if paying by cash or a $100 credit card authority for incidentals.
* Charges will apply for cancellations from 30 days prior to arrival.

CONFERENCE NAME: PDN School Leaders' Conference

CONFERENCE DATES: 25-27 August 2010

CONFERENCE RATE: $200.00 per room per night

Additional buffet breakfast is $21.00 per person ☐

I/We request the following bedding configuration:-

Single ☐ Smoking ☐
Double ☐ Non smoking ☐
Twin ☐

***Preference for room type and non smoking are only a request basis and are not guaranteed**
***Maximum 3 Adults per room. Triple share at additional $50.00 charge. (Exclusive of Executive Floor Rooms) If sharing please nominate the name of the person sharing.**

Name: _____