

FAX

TO Group Reservations Coordinator
COMPANY Sofitel Melbourne On Collins
TEL. + 61 (0)3 9653 0000
FAX + 61 (0)3 9650 4261
EMAIL H1902-RES@accor.com
DATE ____ / ____ / ____

SUBJECT
Cabinet Makers
Arrival Date: 10th September 2010
Departure Date: 11th September 2010

Sofitel Melbourne On Collins will confirm your reservation by return fax.

GUEST NAME (S): _____
ADDRESS: _____
EMAIL: _____
TELEPHONE: _____ **FAX:** _____

RESERVATION DETAILS

ARRIVAL DATE: _____ **TIME:** _____
DEPARTURE DATE: _____ **TIME:** _____

Classic King Room \$285.00 per night		Classic King Room with 1 Breakfast \$315.00 per night		Non Smoking Request	
Superior King Room \$330.00 per night		Superior King Room with 1 Breakfast \$360.00 per night		Smoking Request	

Single and Double rooms offer one (1) king bed. Twin rooms offer two (2) single beds and are available in the Classic category only.

PAYMENT DETAILS

CREDIT CARD NUMBER: _____ **EXPIRY:** _____
NAME ON CREDIT CARD: _____

If a third party will be paying for the room, we require an authority to be submitted with a photocopy of the back and front of the credit card showing the Signature of the cardholder. We observe these security procedures to protect you from the unauthorised use of your credit card.

GROUP RESERVATION BOOKING CONDITIONS: ALL RATES ARE QUOTED IN AUSTRALIAN DOLLARS, ARE PER ROOM PER NIGHT, ARE INCLUSIVE OF GST AND ARE ONLY VALID FOR BOOKINGS RECEIVED VIA FAX OR EMAIL. A CREDIT CARD NUMBER MUST ACCOMPANY THIS REGISTRATION FORM. WITHOUT A PRE-PAID DEPOSIT OR CREDIT CARD NUMBER, THE ROOM WILL ONLY BE HELD UNTIL FRIDAY 20 AUGUST 2010. ANY AMENDMENTS/CANCELLATIONS REQUIRE A MINIMUM OF 14 DAYS ADVANCE NOTICE. A CANCELLATION CHARGE OF ALL NIGHT'S ACCOMMODATION WILL BE BILLED FOR RESERVATIONS CANCELLED WITHOUT THE REQUIRED NOTICE OR IN THE EVENT OF A NON ARRIVAL. THE CREDIT CARD DETAILS USED FOR THIS ACCOMMODATION BOOKING MUST BE PRESENTED ON CHECK-IN FOR VERIFICATION AND TO GUARANTEE ANY INCIDENTAL CHARGES DURING THE STAY. PLEASE NOTE THAT THIS CARD IS USED FOR A GUARANTEE ONLY AND PAYMENT IS TO BE MADE DIRECTLY ON CHECKOUT. ALL CREDIT CARDS WILL INCUR A 1.5% SURCHARGE. CHECK-IN AT THE HOTEL IS AFTER 14.00 IF YOU ARRIVE BEFORE THIS TIME IT IS POSSIBLE THAT YOU WILL NOT BE ABLE TO GAIN ACCESS TO YOUR ROOM. CHECK-OUT IS BEFORE 11.00AM ON THE DAY OF DEPARTURE.

SIGNATURE: _____
 Please return the completed and signed Request for Accommodation form
 By signing this form you agree to be bound by the booking conditions stated above

OFFICE USE: Status / #	_____
Date	_____
Name	_____

