

THE SEBEL
ALBERT PARK



MELBOURNE

CITIGATE
ALBERT PARK



MELBOURNE

St Johns Ambulance Conference 2010

24th – 27th June

ACCOMMODATION BOOKING FORM

The Sebel & Citigate Albert Park, Melbourne: 65 Queens Road, Melbourne VIC 3004

Phone: 03 9529 4300

Fax: 03 9510 5795

Email: reservations@tsapm.mirvac.com.au

If you would like to make a reservation, please fill in this form and fax or email it directly to the Hotel. Please note that all rooms are subject to availability. The reservation is confirmed only upon receipt of confirmation.

Surname: _____ First Name: _____ Title: _____

Address: _____

City: _____ State: _____ Post Code: _____

Telephone: (____) _____ Fax: (____) _____

Company Name: _____ Email Address: _____

Booking Details:

Number of Adults: _____ Number of Children: _____

Arrival Date: ____/____/2009 Departure Date: ____/____/2009 Total nights: _____

Estimated time of arrival: _____ **Special Requests: Twin/Cot/Extra Bed:** _____

Rates and Room Types: (please tick) Rates are inclusive of GST. Room types are subject to availability.

Citigate King/Twin Room - \$135.00 per night Accommodation Only (Single/Twin/Double)
\$171.00 per night Accommodation Only (Triple Share)

Sebel Queen/Twin Room - \$155.00 per night Accommodation Only (Single/Twin/Double)

Lake View Upgrade - \$20.00 per night

Full Buffet Breakfast - \$20.00 per adult per day (Normally \$30.00 per person)

Upgrades to larger room types starting from \$20.00 per night are available subject to availability

For details contact our Reservations Team on 13 15 15 or contact the hotel directly on 03 9529 4300

The Sebel & Citigate Albert Park is a non-smoking Hotel. Check-in is from 2.00pm and check-out is at 11.00am.

Payment Method: (please tick)

Guest will pay own account

Third Party to take care of charges (A Credit Card Authorisation form to be completed and sent to the Hotel directly). If this written authorisation is not received, the Guest will be required to pay their own account.

Credit Card Details: A credit card number is required to guarantee the booking. Cancellations received **within 30 days** of arrival will be subject to a cancellation fee equal to the total accommodation charge per booking cancelled, charged to the credit card on file. Please note that a Credit Card will be required on check-in as pre-authorisation for any incidentals.

Credit Card Type: _____ Credit Card Number: ____ / ____ / ____ / ____

Expiry Date: ____/____ Card Holders Name: _____

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