

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

SUBJECT **Group: The Alfred General Surgery Meeting**
Group Code: ALF021117D
Arrival: Thursday 2nd November 2017
Departure: Saturday 4th November 2017

Accommodation Reservations are subject to hotel room availability. Sofitel Melbourne On Collins will confirm your reservation by return email or fax.

Guest Name (s): _____

Address: _____

Email: _____

Telephone: _____ Fax: _____

RESERVATION DETAILS

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

ACCOMMODATION PREFERENCE

Accommodation is subject to hotel availability and preferences (✓) are on a request basis only

Classic King Room \$315.00 per night room only	Classic King Room with 1 Buffet Breakfast daily \$340.00 per night	Classic King Room with 2 Buffet Breakfast Daily \$365.00 per night	Non Smoking Request
Classic Twin Room \$315.00 per night room only	Classic Twin Room with 1 Buffet Breakfast daily \$340.00 per night	Classic Twin Room with 2 Buffet Breakfast Daily \$365.00 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.

Luxury King Club Sofitel rooms include complimentary access to Club Sofitel with benefits such as breakfast, refreshments, evening drinks and business & internet facilities.

CREDIT CARD GUARANTEE

Credit Card Number: _____ Expiry: _____

Name on Credit Card: _____

If a third party will be paying for the room, we require an additional authority form to be submitted. 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 AND 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. ANY AMENDMENTS/CANCELLATIONS REQUIRE A MINIMUM OF 30 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



Please sign me up for

Office Use:	Status / # _____
	Date _____
	Name _____

