

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@sofitel.com
 DATE ____ / ____ / ____
 SUBJECT Group: **Creative Innovation 2015 - Delegates**
 Group Code: **CRE220315D**
 Arrival: **Sunday 22nd March 2015**
 Departure: **Friday 27th March 2015**

Accommodation Reservations are subject to hotel room availability. 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: _____

ACCOMMODATION PREFERENCE

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

Classic King Room \$285.00 per night room only		Classic King Room with Buffet Breakfast for 1 daily \$315.00 per night		Classic King Room with Buffet Breakfast for 2 daily \$345.00 per night		Non Smoking Request	
Classic Twin Room \$285.00 per room per night		Classic Twin Room with Buffet Breakfast for 1 daily \$315.00 per night		Classic Twin Room with Buffet Breakfast for 2 daily \$345.00 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 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 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

Office Use:	Status / #	_____
	Date	_____
	Name	_____

