

ACCOMMODATION BOOKING FORM

ENVIRONMENTAL HEALTH AUSTRALIA (NEW SOUTH WALES) INCORPORATED
SUN 20 MAY 2012 – TUE 22 MAY 2012

RESERVATIONS

In order to secure your accommodation for the abovementioned event please complete details below and send to FAX (02) 4984 1315.

DEPOSIT PAYMENT

A deposit payment equivalent to 1st night's accommodation package is required when reserving accommodation. Payment can be made by company cheque or company/personal credit card (see below). A confirmation letter will be sent to you to confirm details.

ACCOMMODATION

Please tick preferred accommodation. Confirmation will be sent on receipt of payment.

APARTMENTS	MAX. CAPACITY	WEEKEND (Fri-Sat)	MIDWEEK (Sun-Thu)	TICK REQUIRED
Poolview Studio Rooms	Sleeps 3	\$150	\$110	<input type="checkbox"/>
1-Bdrm Executive	Sleeps 2	\$170	\$130	<input type="checkbox"/>
1-Bdrm Waterview	Sleeps 2	\$190	\$150	<input type="checkbox"/>
1-Bdrm Beachfront	Sleeps 2	\$230	\$190	<input type="checkbox"/>
2-Bdrm (2 bathrooms) Executive	Sleeps 4	\$230	\$190	<input type="checkbox"/>
2-Bdrm (2 bathrooms) Waterview	Sleeps 4	\$250	\$210	<input type="checkbox"/>
2-Bdrm (2 bathrooms) Bayview	Sleeps 4	\$270	\$230	<input type="checkbox"/>
3-Bdrm (2 bathrooms) Executive	Sleeps 6	\$315	\$270	<input type="checkbox"/>
3-Bdrm (2 bathrooms) Bayview	Sleeps 6	\$435	\$375	<input type="checkbox"/>

Rollaway Beds available @ \$30.00 per apartment per night (1-Bdrm only) / Cots available @ \$15 per apartment per night

BREAKFAST

Adult \$20.00 per person per day please tick
Child (5-12yrs) \$10.00 per child per day please tick

Special Dietary Requirements: _____

ACCOMMODATION CANCELLATIONS

Accommodation cancellations incur the following penalty charges:

- 60 days prior to arrival - Nil
- 30-60 days prior to arrival - 25% of total accommodation pkg charges per cancelled room per night
- 7-30 days prior to arrival - 50% of total accommodation pkg charges per cancelled room per night
- 0-7 days prior to arrival - 100% of total accommodation pkg charges per cancelled room per night

Delegate Name: _____

Arrival Date: _____ Departure Date: _____

No. Delegates: _____ No. Non-Delegate Sharers: _____

No. Children (5-12yrs): _____ No. Infants (0-4yrs): _____

Contact Phone No.: _____ Mobile: _____

Email Address: _____ Fax: _____

Address: _____
State: _____ Postcode: _____

TRANSFERS:

Please book a transfer from Newcastle Airport to SBRS and return (at a cost of \$30 per person each way) on the following dates:

Arrival Flight Date & Time: _____ Arrival Flight Number: _____

Departure Flight Date & Time: _____ Departure Flight Number: _____

Number of people for the transfer: _____

I hereby authorise Shoal Bay Resort & Spa to charge deposit due to the following credit card:

MASTERCARD VISA DINERS AMEX

CREDIT CARD NO: _____ EXP DATE: _____

CARDHOLDER SIGNATURE: _____ DATE: _____