



ACCOMMODATION RESERVATION & AUTHORISATION FORM

Economics Society of Australia
2008

Event Date: Tuesday 30th September – Friday 3rd October 2008

BED & BREAKFAST RATES

\$190.00 single
\$210.00 twin share

(Rates are inclusive of GST)

Arrival Date: _____ Arrival Time _____
Departure Date: _____ Departure Time _____
(Check In from 2.00pm and Check Out no later than 11.00am)

Number of Adults _____ Children (4-12): _____
Number of Rooms Required: _____

Preferred Requirements (Request only):
Two Double Beds OR One King Bed
All rooms are Non Smoking

Surname _____

First Name: _____

Home Address _____

Postcode: _____ Email: _____

Contact Numbers - Mobile _____ Work: _____ Fax: _____

CREDIT CARD

Credit Card: Amex Bankcard Diners MasterCard Visa

Credit Card Number _____ Expiry: _____

Credit Card Holder _____ Signature _____

Pre Payment Accommodation YES NO

\$ _____ x _____ nights = \$ _____

Please return to: Holiday Inn Surfers Paradise
22 View Avenue, Surfers Paradise, QLD 4217
Fax: 07 5592 2908

Email: conf@holidayinnsurfersparadise.com.au
Telephone: 07 55791000

Accommodation: cancellation of room nights within 7 days of arrival will incur a charge of one nights accommodation. All cancellations must be received in writing