

ASWEC 2005

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| Name | |
| Address | |
| Phone | |
| Fax | |
| E-Mail | |
| Arrival Date | |
| Departure Date | |
| Number of Guests: <i>(maximum 3 adults in room)</i> | |
| Rate | \$132.00 CREST STANDARD ROOM (4 STAR) <input type="checkbox"/> \$172.00 CARLTON DELUXE ROOM (5 STAR) <input type="checkbox"/> |
| Breakfast | \$25.00pp Carlton Brasserie Breakfast YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Extra Bed | \$40.00 FOR ROLLAWAY BED <input type="checkbox"/> |
| Room Features | SMOKING <input type="checkbox"/> NON SMOKING <input type="checkbox"/> |
| Car Parking | Space is limited, additional \$15 flat rate YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Credit Card Number | |
| Exp Date | |
| Card Holders Name | |
| <p>Please note that method of payment is required, any Credit Card details advised shall be held for security only. Should you wish the Credit Card advised to be charged, please indicate which charges will be accepted and sign below.</p> <ul style="list-style-type: none"> • 7 days prior to arrival – A cancellation fee equivalent to the first nights accommodation, (per cancelled room) will be incurred. • 2 days prior to arrival – 100% of the accommodation charges will be incurred. <p style="text-align: center;">ACCOMMODATION <input type="checkbox"/> BREAKFAST <input type="checkbox"/> INCIDENTALS <input type="checkbox"/></p> <p>CARDHOLDERS SIGNATURE: _____</p> | |

PLEASE FAX BACK FORM TO (07) 3222 1110 OR POST TO GPO BOX 934, BRISBANE 4001 or email: groupres@carltoncrest-brisbane.com.au

THERE ARE A LIMITED NUMBER OF GUARANTEED ROOMS RESERVED AT THE CONFERENCE RATE. **DISCOUNTED RATE APPLIES FROM 25 March – 03 April, 2005 ONLY – SUBJECT TO AVAILABILITY.**

WE WILL FAX BACK YOUR ACCOMMODATION REQUEST WITH A CONFIRMATION NUMBER WITHIN 24 HOURS (BUSINESS HOURS).

Kind regards

Stacey Thomas-Appleton
Groups Coordinator

CONFIRMATION NUMBER: _____

RESERVATIONIST: _____

DATE: _____