

ACCOMMODATION BOOKING FORM
GRACE COMMUNION INTERNATIONAL



THURSDAY 14TH – MONDAY 18TH 2018 Special conference rates only available these dates

Guest Details

Title: _____ Surname: _____ First Name: _____
 Title: _____ Surname: _____ First Name: _____
 No of Adults in Room: _____ No of Children (Under 13yrs): _____
 Address: _____
 Suburb _____ State _____ P/code: _____
 Phone: _____ Mobile: _____
 Fax: _____ E-mail*: _____

An email will be sent to confirm bookings, please ensure email address is **legible.*

Room Requirements (Conference is June 2018 - Saturday 16 and Sunday 17th)

Arrival Date: _____ Departure Date: _____

ROOM TYPE (please select)

☐ Twin Room (2 x Double Beds) No. of rooms required: _____
☐ Studio Room (1 x King Bed) No. of rooms required: _____

ROOM RATE

☐ \$110.00 per room per night – Accommodation Only
☐ \$130.00 per room per night – Inclusive of full breakfast for one person
☐ \$150.00 per room per night – Inclusive of full breakfast for two people
 (Accommodation based on single, double or twin share occupancy)

*Please add a 3rd adult in my room

*Please add breakfast for the 3rd adult in my room for an additional

*Please upgrade my room to an Ocean View for an additional

*Please upgrade my room to a Spa Suite for an additional

☐ \$30.00per night Rollaway bed required? YES/ NO

☐ \$20.00per night

☐ \$35.00per night

☐ \$80.00per night

Booking Confirmation – TO SECURE YOUR BOOKING, A NON-REFUNDABLE DEPOSIT OF \$200.00 (OR FULL PAYMENT IF THE TOTAL IS LESS THAN \$200.00) IS REQUIRED ON MAKING THE BOOKING, WITH FINAL PAYMENT DUE 14 DAYS PRIOR TO ARRIVAL.

☐ **Credit card** - Please provide details below. Full prepayment will be charged to your card 14 days prior to arrival. If you elect to pay your account by credit card a processing fee will be charged.

☐ **Bank Deposit** - Payment is to be made into the Mantra Legends Hotel bank account within 48 hours of receiving your confirmation letter. Bank details will be supplied on request.

☐ **Cheque deposit** - Must be received 14 days prior to the stated arrival date. Cheques are to be made payable to Legends Hotel.

☐ **Third Party Credit Card** - If a third party is to pay for your accommodation the credit card holder is required to complete the section below, giving their authorization along with a **legible photocopy of the front and back of the card** to verify the card holder's signature.

Credit Card #: Expiry Date: /

I, (card holder's name): _____, authorise Mantra Legends Hotel to charge the booking cost as selected above to my credit card, details as above.

Card Holder's Signature: _____

Accommodation Cancellation:

* Booking cut off is 14 days prior to commencement of Conference, at which point, rates & availability will be subject hotel occupancy.

Cancellations made **within 14 days prior to arrival** are subject to a 100% cancellation fee.

No shows and cancellations after check in - will be subject to a 100% cancellation fee.

Please forward this form to Mantra Legends Hotel Reservations Department on:

Fax: 07 5588 7885 or Email: mary.cullum@mantra.com.au

For any queries regarding booking form please call 07 5588 7888

OFFICE USE ONLY

Confirmation

Date:

Confirmed by:

Group:

Remember to send a copy of the booking form to Mary at the Mantra Legends; mary.cullum@mantra.com.au