THE SEBEL ALBERT PARK MELBOURNE

CITIGATE ALBERT PARK MELBOURNE

FABLS Light in Life Conference 2009

23rd – 27th November

ACCOMMODATION BOOKING FORM

The Sebel & Citigate Albert Park, Melbourne: 65 Queens Road, Melbourne VIC 3004

Phone: 03 9529 4300 Fax: 03 9510 5795 Email: reservations@tsapm.mirvac.com.au

If you would like to make a reservation, please fill in this form and fax or email it directly to the Hotel. Please note that all rooms are subject to availability. The reservation is confirmed only upon receipt of confirmation.

Surname: _____ First Name: _____ Title: _____

Address: _____

City: _____ _____ State: _____ Post Code: _____

Telephone: (____)_____ Fax: (_____)_____

Company Name: _____ Email Address: _____

Booking Details:

Number of Adults: _____ Number of Children: _____

Arrival Date: _____/_____/2009 Departure Date: _____/_____/2009 Total nights: _____

Estimated time of arrival: _____ Special Requests: Twin/Cot/Extra Bed: _____

Rates and Room Types: (please tick) Rates are inclusive of GST**.** Room types are subject to availability.

☐ **Citigate King/Twin Room - $155 per night Single Share including Full Buffet Breakfast**
$175 per night Twin/Double Share including Full Buffet Breakfast
$195 per night Triple Share including Full Buffet Breakfast

☐ **Sebel Queen/Twin Room - $175 per night Single Share including Full Buffet Breakfast**
$195 per night Twin/Double Share including Full Buffet Breakfast

The Sebel & Citigate Albert Park is a non-smoking Hotel. Check-in is from 2.00pm and check-out is at 11.00am.

Payment Method: (please tick)

☐ Guest will pay own account

☐ Third Party to take care of charges (A Credit Card Authorisation form to be completed and sent to the Hotel directly). Please note if this written authorisation is not received, the Guest will be required to pay their own account.

Credit Card Details: A credit card number is required to guarantee the booking. Cancellations received **within 30 days** of arrival will be subject to a cancellation fee equal to the total accommodation charge per booking cancelled, charged to the credit card on file. Please note that a Credit Card will be required on check-in as pre-authorisation for any incidentals.

Credit Card Type: _____ Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _____/_____ Card Holders Name: _____

Please fax or email reservation directly to the hotel:
Tel: 03 9529 4300 Fax: 03 9510 5795
Email: reservations@tsapm.mirvac.com.au

Hotel Use:

Confirmation Number: …… Date: …….. Signed: ……