

22 - 24 OCTOBER 2021



ACCOMMODATION RESERVATION FORM

Please complete and return by email to the hotel of your choice by 20 September 2021
Please familiarise yourself with the accommodation booking and cancellation policies as stipulated by the hotel of your choice

Participant details Place ✓ in appropriate box

Title Prof [ ] Dr [ ] Mr [ ] Ms [ ]

Initials & Surname \_\_\_\_\_

First name for badge \_\_\_\_\_

Accompanying person details Place ✓ in appropriate box

Title Prof [ ] Dr [ ] Mr [ ] Ms [ ]

Initials & Surname \_\_\_\_\_

First name for badge \_\_\_\_\_

Organisation \_\_\_\_\_

Full Postal Address \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

Table with 4 columns: HOTEL, NUMBER OF ROOMS, RATES, CONTACT. Rows include Century City Hotel and Stay Easy Hotel with room counts and contact information.

Rates quoted are applicable per room/per night | Rates are inclusive of Bed and Breakfast, WIFI.
All rates quoted include VAT at the prevailing rate of 15% | Rate excludes 1% Tourism Levy.

PAYMENT DETAILS

Place ✓ in appropriate box

[ ] EFT [ ] Credit Card Payments

Credit Card Details

The Hotel will forward a link for you to process your payment online.

Please email proof of payment should you do a direct transfer to the application hotel.

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise the respective hotel to process the credit card payment if applicable.

Signature \_\_\_\_\_ Date \_\_\_\_\_