

Accommodation Booking Form

Complete and return to Reservations (Bookings are subject to availability)

To: Hotel Grand Chancellor Palm Cove
Re: International Astronomical Union Conference 2016
Dates: 17 – 23 July 2016
Phone: 1800 753 379
Fax: + 61 7 5579 8370
Email: eventres@hgcsurfersparadise.com.au

Surname: _____ First Name: _____ Title _____

Address _____ City: _____

State: _____ Post Code: _____ Telephone: _____ Mobile: _____

Company Name: _____ Email Address: _____

Booking Details

Arrival Date: ____/____/2016 Departure Date: ____/____/2016 Total Nights: _____

Number of Adults: _____ Number of Children: _____ Second Guest Name: _____

Room Requirements - \$135 per night room only

Number of Rooms Required: _____

Bedding Preference (*Please Tick*) King Twin (subject to availability)

Additions

Full Buffet Breakfast _____ Adults @ \$15 each _____ Children (5-12) @ \$10 each

Special Requests

Payment - Please note that a 1.5% surcharge applies to all credit card transactions.

Credit Card Type: _____ **Credit Card Number:** _____ **Expiry:** _____

Name on Credit Card: _____ **Card Holder's Signature:** _____

Payment procedure: In order to guarantee your reservation, the Hotel Grand Chancellor Palm Cove requires credit card details at the time of the booking. Payment will only be required when checking into the Resort. At this time a credit card imprint or full payment of accommodation and a \$200.00 security deposit is required. Any cancellations of reservations within 48 hours of arrival or any non-arrivals will result in total accommodation amount being charges to this credit card. By providing these credit card details the cardholder has agreed to the cancellation policy. Please request for a separate credit card authorization form if the above credit card details are from a third party and are required to settle the account.