

Accommodation Booking Form – **Com Assist PC Schools**  
Monday 2<sup>nd</sup> – Wednesday 4<sup>th</sup> August 2010

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

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

**TO SECURE YOUR BOOKING WE REQUIRE:**

**Credit card:**  (Please provide details below. The card will not be charged. Payment is to be made at the Hotel upon check in)

**Cheque deposit:**  (Equal to your first nights accommodation. Cheques will be accepted for deposits only, and must be received 14 days prior to the stated arrival date)

Credit Car# \_\_\_\_\_ ExpiryDate \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Name of Guest you are sharing with \_\_\_\_\_

No of Adults in Room \_\_\_\_\_ No of Children \_\_\_\_\_

**THIRD PARTY PAYMENT AUTHORITY:**

**If a third party is to pay for your accommodation please note the credit card holder is required to complete the section below, signing to give their authorization along with a legible photocopy of the front and back of the card.**

I (card holders name): \_\_\_\_\_ authorise Mantra Legends Hotel to charge the booking cost as selected below to my credit card, details as above.

CARD HOLDERS SIGNATURE: \_\_\_\_\_

Smoking or Non-Smoking Room preferred (Subject to availability.)

**ROOM TYPE**

Studio Room (1 x King Bed)  Twin Room (2 x Double Beds)

**ROOM RATES**

**\$184.00 per room per night – Inclusive of full breakfast for two people**

(Accommodation based on single, double or twin share occupancy)

**\$167.00 per room per night – Inclusive of full breakfast for one person**

(Accommodation based on single, double or twin share occupancy)

**\$150.00 per room per night – Accommodation Only**

(Accommodation based on single, double or twin share occupancy)

Please upgrade my room to an Ocean View for an additional \$ 30.00per night

Please upgrade my room to a Spa Suite for an additional \$100.00per night

**Accommodation Cancellation:**

**Cancellations for accommodation received within 48 hours of the arrival date, or non-arrival of guest, will incur a one-night accommodation charge per room.**

Please fax or email this form to Mantra Legends Hotel Reservations

Department at: Fax us on 07 5588 7885 or

Email: [legends.res@mantraresorts.com.au](mailto:legends.res@mantraresorts.com.au)

(Any queries regarding booking form, please call: 07 5588 7888 or 1800 683 866)

OFFICE USE ONLY

Confirmation #

Date:

Confirmed by: