



ACCOMMODATION REGISTRATION

Royal Pines Resort, Gold Coast

ACASPA Expo2010, 29 – 31 MAY 2010

Please fax completed registration form to (03) 9593 8033

Mr. Mrs. Ms.

TELEPHONE: _____

FIRST NAME: _____

FAX: _____

LAST NAME: _____

MOBILE: _____

TITLE: _____

EMAIL: _____

COMPANY: _____

ACCOMPANYING PERSON -
FIRST NAME: _____

STREET: _____

LAST NAME: _____

SUBURB: _____

ANY SPECIAL DIETARY REQUIREMENTS: _____

CITY: _____

POSTCODE: _____

ARRIVAL DATE:	DEPARTURE DATE:	NO. OF ADULTS:	NO. OF CHILDREN:
ROOM TYPE:	PREFERENCE:	ROOM RATE:	SPECIAL REQUESTS:
Mountain View Room	2 x DOUBLE BEDS	\$ 160.00	FULLY BOOKED
Park / Pool View Room	<input type="checkbox"/> 1 x KING BED <input type="checkbox"/> 2 x DOUBLE BEDS	\$ 170.00	
Coastal View Room	<input type="checkbox"/> 1 x KING BED <input type="checkbox"/> 2 x DOUBLE BEDS	\$ 180.00	
Mountain Suite	<input type="checkbox"/> 1 x KING BED	\$ 220.00	

BOOK EARLY TO AVOID DISAPPOINTMENT!

RESERVATIONS ARE TAKEN ON A FIRST COME, FIRST SERVED BASIS

If we are unable to meet your first room type request, please note we automatically allocate you to another room type.

- . Rates quoted are per room per night in \$AUD and include 10% GST.
- . Room rate covers 2 adults.
- . Children 12 years or under sharing existing bedding no extra charge.
- . A non-refundable deposit of one night's accommodation will be processed at time of booking. Full payment of accommodation will be processed upon check-in
- . Should you need to cancel your reservation with less than 48 hours notice, full cancellation fee will be charged for all room nights booked.
- . Should you not arrive on the schedule date, you will be charged for all room nights booked.
- . Guaranteed check in time is from 2.00pm. Check out time is 11.00am.
- . If you have not received email confirmation of your reservation within 72 hours, please contact us to ensure we received your booking.

ACCOMMODATION DEPOSIT ENCLOSED or CREDIT CARD DETAILS COMPLETED

PAYMENT OPTIONS:

A. AMERICAN EXPRESS VISA MASTERCARD DINERS CLUB

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

SIGNATURE: _____

B. COMPANY CHEQUE ONLY (UNABLE TO ACCEPT PERSONAL CHEQUES)

PLEASE SEND COMPLETED REGISTRATIONS FORMS TO:

Mina Geremia, ACASPA, Level 1 / 141 Chapel Street, St Kilda VIC 3182

Phone: +61 (3) 9593 9733 Fax: +61 (3) 9593 8033 Email: mina@acaspa.com.au