**Reservations Contact:** [**reservations@spak.Stamford.com.au**](mailto:reservations@spak.Stamford.com.au) **Ph: 64 9 309 8888**



**Fax: 64 9 303 0583**

Direct Booking Form

SPRFMO 3rd Commission Conference

**Family Name**: .......................................................................................................................................................

**First Name**: ...........................................................................................................................................................

**Check In Day / Date**: ……………………………………………

**Check Out Day / Date**: …………………………………………

**Contact Email**:...................................................................................................................................................... **Contact Phone**: .................................................................................................................................................... **Contact Fax**: .........................................................................................................................................................

**Please tick your preferred accommodation option below:**

O **Superior Room (Including Internet)** - NZ $210.00 including GST per room / night

O **Deluxe Room (Including Internet)** - NZ $240.00 including GST per room / night

**Breakfast** – Full Buffet Breakfast is available at $20.00 including GST Per Person/Day

***\*\*\*Please note above room rate is subject to availability at the time of booking.***

**Number of Guests Per Room**: …………………… **Double Bed / Twin Beds** (please select prefer bedding)

**Method of Payment**: - A valid credit card must be supplied to confirm this booking, and will be required on check in. Settlement of your account by credit card will incur a transaction fee of 2% of the transaction total. Payments by Cash or EFTPOS do not incur transaction fees. You may elect to change method of payment on checkout to Cash or EFTPOS to avoid these fees.

**Cardholders Name**: .............................................................................................................................................. **Type of Card**:........................................................................................................................................................ **Card Number**: ....................................................................................................................................................... **Expiry Date**:.......................................................................................................................................................... **Signature**:.............................................................................................................................................................

**Cancellation & No-Show Policy:**

If for any reason you need to cancel your reservation, any cancellation must be made to our Reservations Department on +64 9 309 8888 or e- m ailed on [reservations@spak.stamford.com.au](mailto:reservations@spak.stamford.com.au) by **3.00 P.M (NZ local time) the day before your scheduled arrival date.**

Should a cancellation be received on the day of arrival, or in the case of a **no-show**, a one night charge at the agreed room rat e will be make to the credit card provided at the tim e of booking in lieu of notice.

**\*\*\*\***[**Please send all booking r**](mailto:reservations@spak.stamford.com.au)**equest by email to** [**reservations@spak.stamford.com.au**](mailto:reservations@spak.stamford.com.au)

**Confirmation number: ................................................................................................................ Office Use only**