



## FAXBACK RESERVATION REQUEST FORM

Please fill out the details below and fax this form to **+61 2 98937018**.

Our Central Reservations Team will then check availability and advise confirmation of your reservation dependent on availability.

**First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Town** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**No. of Nights** \_\_\_\_\_ **Time of Arrival** \_\_\_\_\_

**Date of Arrival** \_\_\_\_\_ **Date of Departure** \_\_\_\_\_

**No. of Guests**

Adults

Children

**Room Type**

*Executive*

Single/Double

*Standard*

Single/Double

Twin

Triple

Family of 4

*Deluxe*

Up to 5

**Payment Details**

VCD

MCD

AMEX

DCD

**Number** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Comments/Special Requests** \_\_\_\_\_

\_\_\_\_\_