



## 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

**Deluxe**

Family of 4

**Suite**

Up to 5

**Payment Details**

Visa Card

Mastercard

Amex

Diners

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

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

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

---