



Accommodation Booking Form

REGISTRATION Form # 1d

Page 3 of 3

Registration sponsored by the

INDUSTRIAL DEVELOPMENT CORPORATION



Register on-line at www.sithengi.co.za

HOTEL BOOKING REQUEST

CONTACT DETAILS

Booking request is for:

Title :  Mr.  Ms.  Other (Please state.)

First Name:
Last Name:
Company :

Postal details

Postal Address

City : State :
Postal/Zip Code :
Country :

Telephone Numbers

Country Code: City Code Number
Office:
Fax:
Mobile :
Other :

Internet Details:

e-mail :
web site :

Terms and conditions

- 1.A deposit of 1 night's accommodation or your credit card number with authorisation to debit, is required to secure your reservation, with your balance payable on check-in.
2.The closing date for booking guaranteed hotel rooms is 25 August 2003.
3.All cancellations received in writing before the 10th October 2003 will receive a full refund, less a 10% handling fee. Late cancellations could forfeit their deposit.
4.Failure to check-in to a hotel may result in the delegate being liable for the cost of the full booking.
5. Double rates are quoted per room per night
6. Rates quoted are per night and include Breakfast and Vat @ 14%, but do not include a small 1% tourism levy.(Most hotels have suites available.)
7. Hotels may request a credit card imprint or cash deposit on check-in to guarantee any extras charged to the account.
8. Sithengi will endeavour to confirm your reservation with the hotel of your choice where possible.
9.To enable the Train Lodge to offer their extremely low rates, delegates are required to pay a 50% deposit prior to check-in to secure their reservation.

CHOICE OF ACCOMMODATION

Name of Hotel

Preferences

(For Breakwater Lodge Only):

- Single Ensuite
Double Ensuite
Twin-sharing - Name of person with whom sharing :

Special Requests

Check-in Date

Day Month Year Time of Arrival

Check-out Date

Day Month Year Time of Arrival

One Night's Deposit : R

Method of Payment

- Electronic Transfer
Direct Deposit
Credit Card

Debit My Credit Card :

Please provide the following credit card details to the hotel of my choice to guarantee my reservation.

- Visa
Mastercard
Amex
Dinersclub

Name on Card :

Credit Card No:

Expiry Date :

CVV No : (3 digits on back of card)

Signature :
(Cardholder)

Please fax through a copy of your deposit slip or electronic transfer to: 27 21 430 8186

Signed: .....

Date: .....