

# ACCOMMODATION BOOKING FORM



the lido group

DYNAMIC ACCOMMODATION SOLUTIONS



## Learning for Life

Sustainability, Global Citizenship and Social Justice

SEAA Biennial Conference  
with SASOSE Annual Conference

Adelaide 2010 February 19th - 21st



### 1. SELECT ACCOMMODATION REQUIREMENTS

Please indicate your preferred hotel and room type by placing a tick beside the hotel of choice. All rates include GST and are valid for up to two people per room unless otherwise indicated. Please note that allocation of smoking and non smoking rooms is at the final discretion of your chosen hotel. Other hotels are available on request. Hotel rooms & rates are subject to availability at time of booking.

I would like a:  Double Room  Twin Room  Non-Smoking Room preferred

<b>BreakFree on Hindley Adelaide</b>	<b>4 Star</b>	<b>Oaks Embassy</b>	<b>4 ½ Star</b>
6 minute drive or 25 minute Bus ride to Venue \$133 per Studio Apartment per night \$153 per 1 Bedroom Apartment per night \$183 per 2 Bedroom Apartment per night*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 minute drive or 25 minute Bus ride to Venue \$187 per Executive 1 Bedroom per night \$219 per 2 Bedroom Deluxe per night*	<input type="checkbox"/> <input type="checkbox"/>
<b>Rockford Adelaide</b>	<b>4 ½ Star</b>	<b>Adelaide Paringa</b>	<b>3 ½ Star</b>
7 minute drive or 25 minute Bus ride to Venue \$199 per Superior King Room per night \$199 per Standard Twin Room per night	<input type="checkbox"/> <input type="checkbox"/>	8 minute drive or 25 minute Bus ride to Venue \$109 per Standard Queen Room per night \$109 per Standard Twin Room per night	<input type="checkbox"/> <input type="checkbox"/>

\* Room shown is valid for a maximum of 4 persons per apartment. If you require alternative accommodation please let us know.

### 2. CONFIRM GUEST DETAILS

<b>Primary Guest Details</b>		<b>Arrival Date</b>	<b>Departure Date</b>
First Name	Surname	DD MM YY	DD MM YY
<b>Secondary Guest Details</b>		<b>Arrival Date</b>	<b>Departure Date</b>
First Name	Surname	DD MM YY	DD MM YY
Company Name	Tel	Fax	Email
Street	Suburb	State	Post Code

### 3. CREDIT CARD GUARANTEE

Please guarantee my reservation to the following credit card (I understand that payment will not be deducted by TLG however in the event that I no show or cancel my booking within 72 hours of the date of arrival the hotel may charge a no show or cancellation fee)

<b>1. Name on Credit Card</b>	<b>2. Credit Card Type</b>
_____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners
<b>3. Credit Card Number</b>	<b>4. Expiry Date</b>
_____	____ / ____
<b>5. Signature</b>	_____

### 4. BOOK ONLINE, VIA EMAIL, FAX, TELEPHONE OR MAIL YOUR BOOKING FORM

<b>Book Online</b> lido.com.au exhibitions@lido.com.au	<b>Fax</b> 02 8585 0802	<b>Phone Bookings</b> 1800 817 339	<b>Post</b> The Lido Group PO Box 906 Rozelle NSW 2039	
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**PLEASE COMPLETE THIS FORM AND RETURN TO FAX 02 8585 0802**