ACCOMMODATION BOOKING REQUEST FORM – STAMFORD PLAZA BRISBANE
C/Portmann Events Consulting Pty Ltd ABN: 25 094 460 474

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PERSONAL DETAILS

Title …………. Name …………………………………………….. Surname………………………………………………………………...

Accompanying Guest Name ……………………………………… Surname………………………………………………………………...

Mailing Address ………..

City …………………………………….Province/State ……………………………….Country………………………... Postal/Zipcode ……………….

Telephone (   ) …………………………………………………Facsimile (   ) ……………………………………………………............

Mobile …………………………………………………E-mail ………………………………………………………………………..

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ACCOMMODATION REQUEST *(please mark your selection with an (X) and fill in the required sections)*

Stamford Plaza Brisbane	
Room Type	Superior King Room ( )
Room Rate Per Night *(Inclusive of 10% GST)*	AUD $280.00
Bedding Configuration	1-Bed ( ) 2-King Singles ( )
Number of Rooms	
Number of Adults	
Number of Children	
Breakfast Booking Monday – Friday AUD$30 per person Saturday – Sunday AUD$42 per person	Full Buffet Breakfast Yes ( ) No ( )
Arrival Date (Check in time is 2:00pm)	
Arrival Time (approximate)	
Departure Date (Check out time is 11:00am)	
Total Number of Nights Stay	

PAYMENTS AND CANCELLATIONS:
All reservations must be made and guaranteed by the 12th June 2014 by returning this form completed along with your credit card authorisation or Company cheque. Requests made after this date will be subject to availability. One night's accommodation non-refundable deposit will be processed by the hotel using your credit card on receipt of this signed booking form. Cancellations received thirty (30) days prior to the arrival date will incur a cancellation fee equivalent to one (1) nights' accommodation. Cancellation of a confirmed booking within seven (7) days prior to the arrival date will be charged at the agreed rate for all room nights booked. No show of a confirmed booking will be charged at the agreed rate for all room nights booked. Please check with the hotel the full details of accommodation booking terms and conditions.

HOTEL CONFIRMATION:

YOUR ROOM: (Hotel Use Only)			
Rate Confirmed:		Date:	
Confirmation Number:		Signed:	

PAYMENT DETAILS

Cheque/Money Order
Payable to: 'STAMFORD PLAZA BRISBANE. The cheque/money order and this completed form must be sent by post to:
IEEEMDM Conference Secretariat
Portmann Events Consulting Pty Ltd
P.O. Box 794, Springwood, QLD, Australia 4127

Credit Card
Credit card payments by post to:
IEEEMDM Conference Secretariat
Portmann Events Consulting Pty Ltd
P.O. Box 794, Springwood, QLD, Australia 4127
OR
Credit card payments by fax to:
+61 7 3341 8006

Credit Card Authorization of Payment
Payments are to be authorized by completing and sending this credit card authorization of payment for the hotel. Credit card payments will be processed by the hotel directly and a non-refundable deposit equivalent to one (1) nights' accommodation will be processed to secure your booking. Processed payment for your accommodation will appear on your statement as a transaction with the hotel and is subject to the hotel's fees, charges and hotel booking terms and conditions. Accommodation booking request form and payment is due by the **12th of June 2014**.
Please complete this section to authorize the hotel to charge the applicable fees to:

Cardholder Name………………….. Card Expiry Date ……………… /………

Cardholder Number …………………...……...

Credit Card Type (please tick the type of credit card)
( ) VISA   ( ) MasterCard ( ) AMEX

Total Amount Payable: AUD$... Signature ………………………...

Thank you