

Child Abuse and Neglect Conference November 2013



Pullman and Mercure Melbourne Albert Park, Melbourne, Located at 65 Queens Road, Melbourne VIC 3004

Make your accommodation booking by:

PHONE Call 1800 633 888 and Quote Child Abuse and Neglect Conference

FAX / EMAIL Alternatively, please complete this form and fax or email it directly to the Hotel Via:

Fax: 03 9510 5795 or Email: <u>h8788@accor.com</u>

Confirmation Number:

| Surnam | ne: | _ First Name: | Title: | |
|------------|---|----------------------------------|---|-----------------------------------|
| Address | S: | | City: | State: |
| Post Co | ode: Telephone: () | | Fax: () | _ |
| Compai | ny Name: | Email Address: | | |
| Bookin | g Details: | | | |
| Arrival [| Date:/ 2013 De | oarture Date:/_ | / 2013 Total nights: _ | |
| Numbei | r of Adults: Number of C | hildren: Spec | ial Requests: Twin/Cot/Extra Bed: | |
| Second | Guest Name (if applicable): | | | |
| | | | | |
| | and Room Types: (please tick) Rates a | | • | |
| Ш | Mercure King / Twin Room - | \$185.00 per night, a | accommodation only | |
| | Mercure Premium King / Twin Room | - \$205.00 per night, a | accommodation only | |
| | Pullman King / Twin Room - | \$245.00 per night, a | accommodation only | |
| | Buffet Breakfast - | \$25.00 per person | n per day (when pre booked at time | of reservation) |
| Rooms a | re subject to availability and once the standard room Check-in is from 2.00pm and check-out is at 11.00a | | | |
| Payme | nt Method: (please tick) | | | |
| | Guest will pay own account | | | |
| | Third Party to take care of charges (A Credit Card Authorisation form to be completed and sent to the Hotel directly). Please note if this written authorisation is not received, the Guest will be required to settle their own account. | | | |
| be subje | Card Details: A credit card number is re ect to a cancellation fee equal to the first required on check-in as pre-authorisation | nights accommodation ch | narge per booking cancelled. Pleas | |
| Credit C | Card Type: Cre | edit Card Number: | _ | |
| Expiry [| Date:/ Ca | rd Holders Name: | | |
| | | ilability at the time of booking | Vour receivation will be confirmed to v | ou within 48 hours of receipt. If |
| All reserv | vations and room type requests are subject to ava | nability at the time of booking | . Tour reservation will be committed to y | ou within 40 hours of receipt. If |

Date:

Signed: