

**TO** Reservations Sales Department  
**COMPANY** Sofitel Melbourne On Collins  
**TEL.** + 61 (0)3 9653 0000  
**FAX** + 61 (0)3 9650 4261  
**EMAIL** H1902-RES@sofitel.com  
**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SUBJECT** **Group: CME Science Imaging Conference**  
**Group Code: CME070817**  
**Arrival: Monday 7<sup>th</sup> August 2017**  
**Departure: Sunday 13<sup>th</sup> August 2017**

Accommodation Reservations are subject to hotel room availability. Sofitel Melbourne On Collins will confirm your reservation by return email or fax.

Guest Name (s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RESERVATION DETAILS**

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ACCOMMODATION PREFERENCE**

Accommodation is subject to hotel availability and preferences (✓) are on a request basis only

Classic King Room \$275.00 per night room only		Classic King Room with 1 Buffet Breakfast daily \$305.00 per night		Classic King Room with 2 Buffet Breakfast Daily \$335.00 per night		Non Smoking Request	
Classic Twin Room \$275.00 per night room only		Classic Twin Room with 1 Buffet Breakfast daily \$305.00 per night		Classic Twin Room with 2 Buffet Breakfast Daily \$335.00 per night		Smoking Request	

. Single and Double rooms offer one (1) king bed. Twin rooms offer two (2) single beds and are available in the Classic category only.

**CREDIT CARD GUARANTEE**

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Name on Credit Card: \_\_\_\_\_

If a third party will be paying for the room, we require an additional authority form to be submitted. We observe these security procedures to protect you from the unauthorised use of your credit card.

GROUP RESERVATION BOOKING CONDITIONS: ALL RATES ARE QUOTED IN AUSTRALIAN DOLLARS AND ARE PER ROOM PER NIGHT, ARE INCLUSIVE OF GST AND ARE ONLY VALID FOR BOOKINGS RECEIVED VIA FAX OR EMAIL. A CREDIT CARD NUMBER MUST ACCOMPANY THIS REGISTRATION FORM. ANY AMENDMENTS/CANCELLATIONS REQUIRE A MINIMUM OF 30 DAYS ADVANCE NOTICE. A CANCELLATION CHARGE OF ALL NIGHT'S ACCOMMODATION WILL BE BILLED FOR RESERVATIONS CANCELLED WITHOUT THE REQUIRED NOTICE OR IN THE EVENT OF A NON ARRIVAL. THE CREDIT CARD DETAILS USED FOR THIS ACCOMMODATION BOOKING MUST BE PRESENTED ON CHECK-IN FOR VERIFICATION AND TO GUARANTEE ANY INCIDENTAL CHARGES DURING THE STAY. PLEASE NOTE THAT THIS CARD IS USED FOR A GUARANTEE ONLY AND PAYMENT IS TO BE MADE DIRECTLY ON CHECKOUT. ALL CREDIT CARDS WILL INCUR A 1.5% SURCHARGE.

CHECK-IN AT THE HOTEL IS AFTER 14.00 IF YOU ARRIVE BEFORE THIS TIME IT IS POSSIBLE THAT YOU WILL NOT BE ABLE TO GAIN ACCESS TO YOUR ROOM. CHECK-OUT IS BEFORE 11.00AM ON THE DAY OF DEPARTURE

Signature: \_\_\_\_\_

Please return the completed and signed Request for Accommodation form  
 By signing this form you agree to be bound by the booking conditions stated above



Please sign me up for

Office Use:	Status / #	_____
	Date	_____
	Name	_____

