

**AICLA / ANZIIF Claims Convention 2017**

Group Block Code: **CLAIMS200917**

**Wednesday, 20<sup>th</sup> of September 2017 – Friday, 22<sup>nd</sup> of September 2017**

Please book your accommodation by Wednesday, 6<sup>th</sup> of September 2017

**CONTACT DETAILS**

TITLE (Please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
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FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ORGANISATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY _____	STATE _____
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COUNTRY _____	POSTCODE _____
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TELEPHONE \_\_\_\_\_

FACSIMILE \_\_\_\_\_

EMAIL \_\_\_\_\_

**ROOM TYPE AND RATE**  
 **Subject to Availability - Best Available Rate**

ARRIVAL DATE _____	DEPARTURE DATE _____
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ROOM TYPE REQUEST ( <i>please circle</i> ) <b>KING / TWIN</b>	NO OF GUESTS _____
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**IF SHARING THE ROOM, WITH WHOM** \_\_\_\_\_

SPECIAL REQUESTS (Not Guaranteed) \_\_\_\_\_

<b>ACCOMMODATION TOTAL</b>	\$ _____ .00
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**A credit card is required to guarantee your reservation. Any reservation requests without an accompanying credit card cannot be accepted.**

Please note that a credit card transaction fee, which is currently 1.5% of the amount charged, will apply. This fee is subject to change.

<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Card	<input type="checkbox"/> JCB
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Bankcard

CREDIT CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD _____	EXPIRY DATE _____ / _____
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SIGNATURE _____	DATE _____ / _____ / _____
	CCV _____ / _____ / _____

**Breakfast is served Mon-Fri in Garden Court on Level 5 from 6:30am to 10:30am.  
Sat – Sun from 7:00am – 11:00am  
Full Breakfast - \$30.00 per person**

Please fax this registration form as soon as possible as all reservations are subject to hotel availability.

The rate quoted is per room per night, inclusive of GST, and available for the nights of the : **Wednesday 20<sup>th</sup> and Thursday 21<sup>st</sup> of September 2017.**

**Cancellation charge within 14 days prior to arrival will incur a cancellation fee equivalent to the full stay of each room cancelled.**

A credit card must accompany this registration form to guarantee your booking. The credit card details used for this accommodation booking must be presented at the Hotel on check-in for verification and to guarantee any incidental charges during the stay.

**Any guests wishing to pay by Cheque still need to complete form with credit card details. Cheque MUST be sent 7 working days prior to arrival, On sending cheque please include your name as the reference so that the amount can be identified and put as a payment against your booking. The hotel WILL NOT accept cheques upon arrival / departure.**

Check-in at the hotel is after 2pm. If you arrive before this time you may not be able to access to your room.

To secure your accommodation, please fax / email this form directly to: **Reservations Department Sofitel Sydney Wentworth 61-101 Phillip Street Sydney NSW 2000**  
Tel: +612 9228 9188  
Fax: +612 9228 9145  
Email: [H3665@sofitel.com](mailto:H3665@sofitel.com)

