



**Emergency Medicine in the Wilderness**

**23-25 November 2018**

**Accommodation Booking Request Form**

Please make your selection. Rooms will be allocated on a first in first served basis. Upon receipt of this completed & signed form, a non refundable deposit, of 20% will be deducted from the nominated Credit Card with the balance due 7 days prior to arrival. A confirmation and receipt of payment will be sent to the designated email address.

ACCOMMODATION	\$/Night	No. of Nights required	No. of Rooms required	No. of guests	COMMENTS/ Requirements	Dietary
Hotel Room BB*	\$167.40					
Deluxe 'Room BB*	\$187.40					
* Bed & Breakfast, Single Occupancy						

<b>Total Amount Payable</b>	\$
Name:	
Email:	
Ph:	
Mob:	

**Reservation Guarantee Details – your Credit Card will be debited for your entire stay**

Credit Card Details	Type:	
	Number:	
	Exp. Date:	
	Name on Card:	
No of People:		
<b>Arrival Date:</b>		
<b>Departure Date:</b>		

Signature

The Credit Card used for this reservation will be held on file and will be used for any incidental charges incurred during the stay

To receive the special rates listed above, bookings must be made **VIA THIS FORM**

**Please fax this booking form to (08) 9757 9001 or email to [admin@staymargaretriver.com.au](mailto:admin@staymargaretriver.com.au)**