



## ACCOMMODATION BOOKING SLIP

CONFERENCE NAME: **CASE CONFERENCE – 13<sup>th</sup> – 15<sup>th</sup> October 2005**

Guest Name: \_\_\_\_\_

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

ETA: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Credit Card Number to Guarantee Booking: \_\_\_\_\_

Exp Date: \_\_ / \_\_

Credit card number supplied will be used to secure reservation booking only.

Smoking Room

Non Smoking Room

Queen Room

Twin Room

Room only \$150

Room & 1 Breakfast \$165

Room & 2 Breakfast \$180

Special room requirements or special needs? i.e.: wheelchair access or cots etc

\_\_\_\_\_

Please forward booking slip to  
Eden On The Park  
6 Queens Road  
Melbourne VIC 3004  
Fax: 03 9820 2553  
Email: [reservations@edenonthepark.com.au](mailto:reservations@edenonthepark.com.au)

