



**Medical Association for the Prevention of War
National Conference**
6 -7 August 2005
The University of Melbourne

Cnr Grattan & Drummond Streets Melbourne, 3000

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THE TRAVEL-INN
HOTEL

CNR. GRATTAN & DRUMMOND STS, MELBOURNE 3000

Hotel Reservation Form

Name: _____
(Surname/Family Name) (Christian/First Name) (Title)

Contact Address: _____
(Street Name) (Suburb/Town)

(Postcode) (Country)

Contact Phone: _____ Contact Fax: _____

E-mail Address: _____

Arrival Date & Time: _____ Departure Date: _____

Nights Required: _____ Number of Adults: _____

Please tick your preferred room rate: (rates are quoted in Australian Dollar and are GST Inclusive)

\$120.00 per night, room only (Deluxe Standard Room)

\$150.00 per night, room only (Executive Spa Room)

Rates valid until 31/12/2005

Special Requests: _____

All reservations **MUST** be guaranteed.

Please advise your credit card details for one night's accommodation to be charged as a deposit.

Card Type: VC MC BC AMEX DINERS

Card Number: _____ / _____ / _____ / _____ Expiry Date _____

Card Holders Signature: _____

If you prefer to send your deposit by cheque, please make the cheque payable to *The Travel Inn Hotel Carlton* in Australian dollars, and send it to the above address. If your company is to pick up your charges, please include a copy of the charge back authority.

A seven (7) day cancellation policy will apply. Any cancellations received in writing seven (7) days prior to arrival will have their deposit refunded in full. Cancellations received less than seven (7) days prior to arrival will forfeit their deposit.

Would you like a reservation confirmation sent, faxed or e-mailed to you? (Using the details that you have provided above)

YES / NO

MAIL / FAX / E-MAIL

If the confirmation is to be sent/faxed/e-mailed to somewhere else, please fill in the appropriate details:
