

Research: Practice and Possibilities
Inaugural Postgraduate Nursing Research Conference
Monday 8 July to Friday 12 July 2002

HOTEL RESERVATION FORM

RYDGES CARLTON MELBOURNE
701 Swanston Street, Carlton Victoria 3053, Australia
EMAIL: reservations_carlton@rydges.com
PH: +61 (03) 9347 7811 FAX: +61 (03) 9347 8225

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

Contact Address: _____

Contact Phone: _____

Contact Fax: _____

Email Address: _____

Arrival Date: _____ Departure Date: _____

Nights Required: _____ Number of Adults: _____

Please tick your preferred room rate: (Rates quoted in Australian Dollars)

- \$130.00 Per night, Room only (Single/Double/Twin Share Room).
- \$142.00 Per night, incl breakfast (Single)
- \$153.00 Per night, incl breakfast (Double/Twin)

Special Requests: _____

All Reservations Must be guaranteed.

Could you please advise your credit card details for one nights accommodation to be charged as a deposit.

Card Type: VC MC BC AMEX DINERS

Card Number: _____ / _____ / _____

Expiry Date: ____ / ____

Cardholders Signature _____

If you would prefer to send your deposit by cheque, please make the cheque payable to "Rydges Carlton" in Australian Dollars and send the cheque to the address above.

A seven (7) day cancellation policy will apply. Any cancellations received in writing 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 or faxed to you? (Using the details you have provided above.)

YES / NO

FAXED / MAILED