



Accommodation Reservation Form



SURFERS PARADISE

**PHARMACY ASSISTANT NATIONAL CONFERENCE
28 - 30 October 2010**

Please fax to 07 5592 2908

Accommodation Rates

\$185.00 single - Includes one full buffet breakfast

\$205.00 double/twin - Includes two full buffet breakfasts

(Rates are inclusive of GST)

All rooms are Non-Smoking

Personal Details

Surname: _____

First Name: _____

Home Address: _____ Suburb: _____

Postcode: _____ Email: _____

Phone: _____ Fax: _____ Mobile: _____

Company Name: _____ Company Contact: _____

Booking Details

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

(Check In from 2.00pm and Check Out no later than 11.00am)

Number of Adults: _____ Children (4-12): _____ No. of Rooms Required: _____

Preferred Requirements (Request only) – please circle:

Two Double Beds OR One King Bed

Credit Card Details

Credit Card (please circle): Amex Diners MasterCard Visa

Credit Card Number: _____ Expiry: _____

Credit Card Holder: _____ Signature: _____

Pre Payment Accommodation \$ _____ x _____ nights. **TOTAL** \$ _____

If you do not receive confirmation of your reservation within 3 working days, please contact Reservations on 07 5579 1000 or email conf@holidayinnsurfersparadise.com.au

Contact details:

Holiday Inn Surfers Paradise

22 View Ave, Surfers Paradise QLD 4217

Ph: 07 5579 1000

Fax: 07 5592 2908

Email: conf@holidayinnsurfersparadise.com.au



The Pharmacy
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www.pharmacyassistants.com

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