



Booking request template

**IB Asia Pacific Regional Workshops  
(16-18 April 2010)**

Dear Reservations,

Please make the following booking and advise the Hotels Confirmation number at your earliest convenience.

Please tick the following options:

HOTELS	ADDRESS	RATES – STUDIO ROOM
<input type="checkbox"/> Oaks on Collins	480 Collins Street Melbourne, VIC 3004	AUD\$151nett per room per night
<input type="checkbox"/> Oaks on Market	60 Market Street Melbourne, VIC 3000	AUD\$151nett per room per night

**\*\* Early Bird Special\*\***

*Room rates are inclusive of breakfast for one person if booking is made before Mon 18 January*

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

Check in Date \_\_\_\_\_ Check out Date \_\_\_\_\_

Other Room Types are available at Oaks on Market (rates per apartment per night):

- 1-Bedroom Apartment \$199       2-Bedroom Apartment \$320

A) Please use the following credit card to secure this booking:-

CREDIT CARD GUARANTEE		
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card no.:	Expiry Date:	(mm/yy)
Cardholder's name on credit card:		
Signature:		

B) Payment: Payment will be made on check out via the following method **(please select)**

- Guest will pay account using Personal Credit Card or  
 Guest will pay account using Company Credit Card

If payment is made using a different credit card as above, please complete the following:-

CREDIT CARD DETAILS		
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card no.:	Expiry Date:	(mm/yy)



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<b>Cardholder's name on credit card:</b>
<b>Signature:</b>

The following items are authorized to be charged to this card at the time of check out

- |   |   |
|---|---|
| <input type="checkbox"/> Accommodation                  | <input type="checkbox"/> Breakfast          |
| <input type="checkbox"/> Telephone and Internet Charges | <input type="checkbox"/> Room Service meals |
| <input type="checkbox"/> Restaurant Meals               |   |

Please send copy of Tax invoice to:-

Contact Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Email Address \_\_\_\_\_

Regards,

**PLEASE PROVIDE COMPANY SIGNATURE** – for authorization purposes

\_\_\_\_\_  
**Form to be completed and emailed to Danielle Nittoli [groupvic@theoaksgroup.com.au](mailto:groupvic@theoaksgroup.com.au)**

Phone: +61 3 8631 1353

Fax: +61 3 9629 6986