

Hotel Reservation Form

Fiesole 2005 GCAVAL2804 Reservation requests NOT received prior to 7 April 2005 are guaranteed neither rate nor availability.

Name:						
(Surname/Family Name)		(Christian/First Na	(Christian/First Name)			
Contact Address:						
Contact Address:(Street Name)		lame)		(Suburb/Town)	
_	(Postcoo	de)		(Country)		
Contact Phone: _			Contact Fax:_			
E-mail Address: _						
Arrival Date:			Departure Da	Departure Date:		
Nights Required:			Number of Ado	Number of Adults:		
			e quoted in Australian D preakfast (single room		SST Inclusive)	
□ \$160.00 per r	ight including		oreakfast (twin/double es available on reques			
Special Requests	IE Smkg or N	ION :				
All reservation MU Please advise you deposit.			ne night's accommod	dation to be cl	narged as a	
Card Type: V	C	MC	ВС	AMEX	DINERS	
Card Number:	/	/		Expiry Date		
Card Holders Sigi	nature:					
Carlton in Australi	an dollars, an	d send it to	ie, please make the c the above address. I charge back authorit	f your compa		
	al will have the	eir deposit i	oly. Any cancellations refunded in full. Canc eir deposit.			
Would you like a । that you have pro		nfirmation	sent, faxed or e-maile	ed to you? (Us	sing the details	
YES / NO If the confirmation appropriate details	is to be sent/	faxed/e-ma	MAIL / FAX / E ailed to somewhere el		in the	

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