

## ANZSOM ANNUAL SCIENTIFIC MEETING 2019

### Accommodation booking form – The Playford Adelaide

This form is provided to facilitate your accommodation booking at the Playford Hotel for the ANZSOM ASM19. ANZSOM delegate special rates are only available by directly contacting the hotel through email or phone. ***\*You will need to quote "ANZSOM" in all correspondences\****

- **To book by email:** Please complete this booking form and email **directly** to The Playford using [reservations@theplayford.net.au](mailto:reservations@theplayford.net.au)
- **To book by phone:** Ring 618 8213 8834. Please advise the preferred room, number of guests, check in, check out dates and **quote "ANZSOM"**
- All guests will need to provide credit card details at the time of booking to secure their reservation.

Fill in the details below:

Check-in date:		Check-out date:		Number of nights:	
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Please select your room type below (tick one option):

Guest room type (see Playford website for details) Rates are for room only (breakfast not included).	No. of rooms	No. of guests
Standard Guestrooms - AUD 175 per room		
Playford Guestrooms - AUD 185 per room		
Deluxe Guestrooms - AUD 220 per room		
Notes / requests (e.g. twin room):		

***NOTE: The above rates are only available from 24 October 2019 (check in) to 3 November 2019 (check out) subject to availability. Twin Rooms must be requested at the time of booking and are subject to availability.***

For any queries regarding bookings, please contact the Playford Adelaide:

**Address:** 120 North Terrace, Adelaide, SA 5000

**General enquiries:** (+61)8 8213 8888

**Reservations:** (+61)8 8213 8834

**Email:** [reservations@theplayford.net.au](mailto:reservations@theplayford.net.au)

**Website:** <https://theplayford.com.au>

NOTE: ANZSOM is NOT responsible for your booking. This form is for your convenience only. Please liaise directly with the Playford if you have any issues or queries regarding your accommodation.



## CREDIT CARD CHARGE AUTHORISATION FORM

I hereby authorise The Playford, MGallery by Sofitel to charge the below mentioned credit card for services rendered for the following guests and/or function.

**Please note card payments attract the following surcharges Debit, Visa and MasterCard 0.86%, Amex/Diners 2.4%.**

### GUEST DETAILS

Booking Name: \_\_\_\_\_

Date(s) of stay: **Check in** \_\_\_\_\_ **Check out** \_\_\_\_\_

*Note: ANZSOM delegate rates are only available from 24 October 2019 (check in) to 3 November 2019 (check out) subject to availability*

Company Name, if applicable: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

#### Function

(please tick where appropriate)

Meeting/Conference  'ANZSOM'

Wedding

Social function

Other

#### Accommodation

(please tick where appropriate)

Room Only

Room & Breakfast

All Charges

Authorisation / Guarantee

Miscellaneous

*NOTE: Delegate rates are for room only (refer page 1). Additional costs apply for extra options 'iV' 'VfyU' 'Ujt'*

NB. a cash deposit or credit card imprint is required on arrival if all charges are not accepted by this authorisation. A credit card imprint is also required for bookings of Suite rooms.

### CREDIT CARD AUTHORISATION

#### CREDIT CARD NUMBER:

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#### EXPIRY DATE:

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Type of credit card: \_\_\_\_\_ Issuing financial institution: \_\_\_\_\_

\* Photocopy of ID must be provided to validate the identity of the card holder and signature.

\* Conditions: I agree that my liability for this account is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for the amount of the charges. All rooms are for residential use only (maximum number of guests per room and noise restrictions apply). Any damage to room or content, and all mini bar purchases must be declared at time of check out and paid for. Any non-declared items will be charged to your account after check out and without further notice.

Signature: \_\_\_\_\_

Date: / /

I do / do not want a copy of the invoice sent to me (please circle where appropriate).

Email: \_\_\_\_\_