



FAX TO: RESERVATIONS - Cumberland Lorne Resort
Fax: (03) 5289 2256

All forms must be completed and returned by 18th April 2008 – all rooms are based on availability at the time of booking.

AUSTRALIAN PODIATRY ASSOCIATION
ACCOMMODATION BOOKING FORM

ONE BOOKING FORM IS TO BE COMPLETED FOR EVERY APARTMENT BOOKED

COMPANY NAME : _____

ADDRESS: _____

CONTACT NAME: _____ CONTACT PHONE: _____

CONTACT EMAIL : _____

ACCOMMODATION : 18th April 2008 inclusive

	One Bedroom Apartment	Two Bedroom Apartment	Penthouse Apartment (Two Bedrooms)
Configuration	One Queen Bed	One Queen Bed + Two Single Beds in second room	One Queen Bed + Two Single Beds in second room (2 Bathrooms)
Maximum Capacity	2 Adults	3 Adults	3 Adults
Accommodation Rate (April 2008)	\$210/\$230 single/double share	\$270/\$325 twin/triple share	\$310/\$365 twin/triple share
Pre & Post Accommodation Rate	\$225/\$245 single/double share	\$315/\$335 twin/triple share	\$415/\$435 twin/triple share

All rates are per apartment per night inclusive of breakfast. Accommodation check-in from 2.00pm, check out by 10.00am.

APARTMENT (Please Circle): **ONE BEDROOM** **TWO BEDROOM** **PENTHOUSE**

ARRIVAL DATE: ____/____/____ ARRIVAL TIME: _____ DEPARTURE DATE: ____/____/____

GUEST NAME: _____
TITLE FIRST NAME SURNAME

SHARING WITH

GUEST NAME: _____
TITLE FIRST NAME SURNAME

SHARING WITH

GUEST NAME: _____
TITLE FIRST NAME SURNAME

DEPOSIT

I herby authorise the full amount to be charged to the credit card supplied as an accommodation deposit.

CREDIT CARD (Please Circle): **VISA** **M/CARD** **B/CARD** **AMEX** **DINERS**

CARD NUMBER: _____ EXPIRY ____/____

NAME ON CREDIT CARD: _____ SIGNITURE _____

Should you cancel your accommodation less then 30 days prior to the conference commencement date - 100% of deposits will be retained.

Please contact Bianca Hughes in reservations at reservations@cumberland.com.au or on (03) 5289 4457 for any questions.