

ACCOMMODATION BOOKING FORM
ENTOURE CYCLES 7TH OCTOBER – 9TH OCTOBER 2011
Group Number: #2529726



First Name: _____ Surname: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____ Arrival Time: _____
 No. of Adults _____ No. of Children & Ages: _____
 Sharing with: (please list full names) _____
 Special Request: _____

ROOM TYPE	BEDDING CONFIGURATION (PLEASE CIRCLE)		ARRIVAL DATE	DEPARTURE DATE	NUMBER OF ROOMS PER NIGHT	RATE PER ROOM PER NIGHT
Hotel Room B&B	KING	TWIN SINGLES				\$160.00
Hotel Room Ocean B&B	KING	TWIN SINGLES				\$185.00
1 Bedroom Suites B&B	KING					\$210.00
1 Bedroom Suite Ocean B&B	KING					\$234.00
2 Bedroom Suites B&B	MAIN ROOM = KING	2 ND ROOM = KING OR TWIN SINGLES				\$295.00
2 Bedroom Suite Ocean B&B	MAIN ROOM = KING	2 ND ROOM = KING OR TWIN SINGLES				\$320.00
2 Bedroom Suite Deluxe B&B	MAIN ROOM = KING	2 ND ROOM = KING OR TWIN SINGLES				\$370.00
Extra Bedding	SOFA BED					\$30.00
Extra Bedding	COT					\$10.00

Booking Terms & Conditions:

- For cancellations within 30days of arrival fees will apply.
- All room types are subject to availability at the time of enquiry.
- No show bookings will be charged for the first night.
- **Check In from 2pm.** Upon check in, you will be required to present a credit card for a pre-authorisation. If you do not have a credit card you are required to provide valid photo identification for front desk to copy, prepay your total accommodation and leave a \$100.00 cash deposit, which will be refunded less any incidental charges on check out.
- **Check Out is by 10am** on the day of your departure
- Special requests will be noted on your booking. All requests are subject to availability only and cannot be guaranteed.
- Tax Invoices will ONLY be provided upon check out. Receipts for advanced deposits will be issued.
- **All credit card transactions will incur a 2% surcharge.**

Should you wish to extend your stay post conference, we would be happy to offer you these same rates

CREDIT CARD DETAILS: PAYMENTS CANNOT BE SPLIT – PLEASE PROVIDE ONLY ONE CREDIT CARD PER BOOKING

AMEX M/C B/C VISA DINERS JCB

Card Number: _____ Expiry Date: _____

Name on Card: _____

Please Return This Form To:

Email: onsaltbeach.groups@mantra.com.au or **Reservations Fax 02 6670 5111**

Mantra On Salt Beach, Gunnamatta Ave, Kingscliff NSW 2487 Ph 02 66705000
 ABN 11103 740 996

- OFFICE USE -
Confirmation Number: _____
Name: _____
Arrival: _____
Departure: _____
Room Type: _____
Room Tariff: _____