



CIML- OIML Meeting Accommodation Booking Form

(Block Code: LEG2610)

(Rates available from **Sunday 26th – Friday 31st October 2008** – if you wish to stay prior or after these dates, please phone and speak to reservations regarding availability and applicable rates on 1800 700 700 or +61 2 9657 7529)

Hotel Reservations must be received by Star City prior to **Monday 6th October, 2008**. Reservations received after this date will be subject to Hotel availability and are not guaranteed to receive the CIML- OIML Meeting rate.

Please mail or fax this form prior to the above date, directly to:

Star City Hotel & Apartments, Attention Group Reservations
 PO Box Q192
 QVB Post Office
 NSW 1230
FAX: +61 2 9657 7711

Last Name: _____ First Name: _____

Sharing Guests Name: _____

Address/Suburb/Postcode: _____

Contact Telephone/Fax Number (Ph): _____ (fax): _____

No. of Guests: _____ Email Address: _____

All bookings will receive fax or email confirmation within 48 Business hours of receipt of booking form

Please confirm my booking for: Request for Smoking/Non Smoking (Not GTD) _____

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Superior Pyrmont View Hotel Room (AUD\$ 270.00) | <input type="checkbox"/> 1 King Bed | <input type="checkbox"/> 2 Double Beds |
| <input type="checkbox"/> Superior City View Hotel Room (AUD\$ 300.00) | <input type="checkbox"/> 1 King Bed | <input type="checkbox"/> 2 Double Beds |
| <input type="checkbox"/> Deluxe Pyrmont View Hotel Room (AUD\$ 300.00) | <input type="checkbox"/> 1 King Bed | <input type="checkbox"/> 2 Double Beds |
| <input type="checkbox"/> Executive Suite City View (AUD\$ 395.00) | (King Bed Only) | |
| <input type="checkbox"/> 1 Bedroom City View Apartment (AUD\$ 325.00) | (King Bed Only) | |
| <input type="checkbox"/> 2 Bedroom Pyrmont View Apartment (AUD\$ 380.00) | (1 x King Bed & 1 Double Bed Only) | |

Arrival Date: _____ Departure Date: _____

Special Requests/requirements: _____

All Rates included up to 2 breakfast vouchers per room per night and are inclusive of 10% Goods & Services Tax.
 A charge of \$60.00 is applicable per night for a single rollaway bed. Extra Breakfasts \$35.00 per person
 Any Cancellations within 24 hours of arrival, or No Shows will incur 1 night cancellation fee charged to the credit card specified below.

Credit Card Details (The below card is a guarantee only, not taken as pre payment – if a third party is to pay for accommodation charges, please let us know and we will forward the appropriate forms):

Credit Card Type: () Visa / () MasterCard / () American Express / () Diners / () Bankcard

Credit Card Number: _____ Expiry Date: ____ / ____

Cardholder's Name (print as it appears on card): _____

Signature: _____