

## ACCOMMODATION BOOKING FORM

Wednesday 1 September – Wednesday 8 September

### ABOUT YOURSELF:

Surname \_\_\_\_\_ MR MS MRS MISS  
First Name \_\_\_\_\_  
Company \_\_\_\_\_ (if applicable)  
Aussiecon Three Membership Number: \_\_\_\_\_  
I will share my room with: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (include country code if applicable)  
Facsimile: \_\_\_\_\_ (include country code if applicable)  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### YOUR TRAVEL PLANS:

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### YOUR CREDIT CARD DETAILS (to guarantee your hotel booking):

Visa MasterCard Diners Amex Bankcard (*Australia only*)  
\_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_  
Full name on credit card ID# (Amex only)  
Signature: \_\_\_\_\_ Date

### YOUR HOTEL PREFERENCES:

Centra on Yarra \_\_\_\_\_  
Holiday Inn on Flinders \_\_\_\_\_  
Savoy Park Plaza \_\_\_\_\_  
Terrace Pacific \_\_\_\_\_  
All Seasons \_\_\_\_\_  
Smoking Room \_\_\_\_\_  
Non Smoking Room \_\_\_\_\_

### YOUR ROOM PREFERENCES:

Single \_\_\_\_\_  
Double \_\_\_\_\_  
Twin \_\_\_\_\_  
*All Seasons only*  
Studio Apartment \_\_\_\_\_  
1 Bedroom Apartment \_\_\_\_\_  
2 Bedroom Apartment \_\_\_\_\_

Fax or mail a copy of this completed form to Lido Accommodation at the address shown overleaf.

