

Novacon 44 Hotel Form

(14th to 16th November 2014, Park Inn Hotel, Nottingham.)

NOVACON MEMBERS ONLY

Name : _____

Address : _____

Phone No. : _____

EMAIL : _____

Room: Please reserve me the following: *(Please list in order of preference 1st 2nd 3rd.)*

() Double (£45.00 pppn) : I will be sharing with _____

() Twin (£45.00 pppn) : I will be sharing with _____

() Single (£63.00 pppn)

*Please note that your sharer must also be a member of the convention. Where rooms are shared you will be responsible for your part of the bill.

NB: No deposit is required. *However please note that your room is only guaranteed for arrival up until 4pm on the day of arrival. If you are likely to arrive at the hotel after this time please contact the hotel directly in advance with credit or debit card details to guarantee your room for late arrival.*

NB: The hotel is completely non-smoking, including all bedrooms.

Please send your form to :

379 Myrtle Road, Sheffield, S2 3HQ

e-mail enquiries to : steve@altair-4.co.uk or telephone : 0114 281 1572.

Please tick which nights you wish to stay in the hotel :

Thursday	Friday	Saturday	Sunday	Monday
[<input type="checkbox"/>] 13/11/13	[<input type="checkbox"/>] 14/11/13	[<input type="checkbox"/>] 15/11/13	[<input type="checkbox"/>] 16/11/13	[<input type="checkbox"/>] 17/11/13

Please indicate your preferences by deleting as appropriate :

I require vegetarian meals Yes / No / Don't Mind

I need a cot in my room Yes / No

I have the following special requirements :

(Please be specific, this section is where you tell us about such things as non-feather pillows, etc. Use the reverse of this form if needed.)

I wish to book accommodation as detailed above. I accept that I am wholly responsible for my hotel bill, or responsible for my share of the bill if I am occupying a shared room.

SIGNED: _____

Date: _____