ACCOMMODATION BOOKING FORM
Aesthetics Practitioners Advisory Network
SUNDAY 26 MAY – MONDAY 27 MAY 2019

mantra legends hotel

Guest Details

Title: _____ Surname: _____ First Name: _____

Title: _____ Surname: _____ First Name: _____

No of Adults in Room: _____ No of Children (Under 13yrs): _____

Address: _____

_____ P/code: _____

Phone: _____Mobile: _____

Fax: _____ E-mail*: _____

An email will be sent to confirm bookings, please ensure email address is legible.

Room Requirements

Arrival Date: _____ Departure Date: _____

ROOM TYPE *(please select)*

❑ Deluxe Twin Room (2 x Double Beds) No. of rooms required:_____

❑ Deluxe Studio Room (1 x King Bed) No. of rooms required:_____

ROOM RATE

❑ **$115.00 per room per night – Accommodation Only**
❑ **$135.00 per room per night – Inclusive of full breakfast for one person**
❑ **$155.00 per room per night – Inclusive of full breakfast for two people**
(Accommodation based on single, double or twin share occupancy)

***Please add a 3rd adult in my room** ❑ **$30.00per night Rollaway bed required? YES/ NO**
***Please add breakfast for the 3rd adult in my room for an additional** ❑ **$20.00per night**
***Please upgrade my room to an Ocean View for an additional** ❑ **$35.00per night**
***Please upgrade my room to a Spa Suite for an additional** ❑ **$80.00per night**

Booking Confirmation –

☐ **Credit card -** Please provide details below. Reservation cannot be confirmed without method of payment. Your card will be charged automatically 14 days prior to arrival for the balance. If you elect to pay your account by credit card a processing fee will be charged.

☐ **Bank Deposit -** Payment is to be made into the Mantra Legends Hotel bank account within 48 hours of receiving your confirmation letter. Bank details will be supplied on request. Remittance notice should be sent to Mantra Legends Hotel at time payment is made.

☐ **Cheque deposit -** Equal to your first night's accommodation and must be received 14 days prior to the stated arrival date. Cheques are to be made payable to Legends Hotel.

☐ **Third Party Credit Card -** If a third party is to pay for your accommodation the credit card holder is required to complete the section below, giving their authorization along with a legible photocopy of the front and back of the card to verify the card holder's signature.

Credit Card #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐

I, (card holder's name): _____, authorise Mantra Legends Hotel to charge the booking cost as selected above to my credit card, details as above.

Card Holder's Signature: _____

Accommodation Cancellation:
* Cancellations made **up to 14 days prior to arrival** incur a loss of $200.00 deposit paid per room, or the total booking value if less than $200.00.
Cancellations made **within 14 days prior to arrival** are subject to a 100% cancellation fee.
No shows and cancellations after check in - will be subject to a 100% cancellation fee, however if after arrival clients are dissatisfied with any aspect of their accommodation & decide to terminate their stay, the amount to be refunded, if any is at the discretion of the property management.

OFFICE USE ONLY

Confirmation Date:
Confirmed by:
Group:

Please forward this form to Mantra Legends Hotel Reservations Department on:
Fax: 07 5588 7885 or Email: legends.conf@mantra.com.au
For any queries regarding booking form please call 07 5588 7888