

**19<sup>th</sup> Annual BHF Southern African Conference  
17 – 20 June 2018**

**ACCOMMODATION RESERVATION FORM**

**How to make your reservation:**

- Option 1** Fax the form on the reverse of this page to Group Reservations on **+27 (0) 11 780 7596**.  
**Option 2** E-mail the form on the reverse of this page to **grpresv@za.suninternational.com**  
**Option 3** Contact our call centre on 011 780 7800

- You will receive written confirmation of your booking within 24 hours

**How to pay for your reservation:**

**Please note that FULL PREPAYMENT for any accommodation booked is required within 10 days of making your booking, alternatively your booking will be released**

**Option 1: Credit Card**

- Fax or email the credit card form on the reverse of this page to Group Reservations on **+27 (0) 11 780 7596** or to **grpresv@za.suninternational.com**.

**Option 2: Direct Deposit**

- If you do not have a credit card, you will be required to make a cash deposit into Sun International's bank account within 10 days of making the reservation, alternatively your booking will be released.
- Fax your deposit slip to the Advance Deposit Manager at **+27 (0) 11 780 7168**.
- **Please include your reservation number and contact telephone number on the deposit slip.**

**Banking Details:**

- **Sun International Limited c/o Local Advance Deposits  
Standard Bank, Sandton Branch, 019205, Current Account  
Account number: 02 267 1889**

**Terms and Conditions:**

- Accommodation will be allocated on a 'first come, first served' basis.
- On arrival at your hotel, you will be required to provide a credit card guarantee or cash deposit, to cover charges you may incur over and above your accommodation.
- The rates quoted are net, per room, per night including Bed & Breakfast, tourism levy and 15% VAT.
- These rates are valid for the period of the 19<sup>th</sup> **BHF 2018 Conference Only**.

**Cancellations:**

- A cancellation made 7 days prior to arrival date will entitle you to a full refund of the money's paid, upon written request faxed to the Advance Deposit Manager on **+27 (0) 11 780 7168**.
- A cancellation made within 7 days of arrival date will result in the forfeit of one night's accommodation including the relevant taxes.
- In the event of a "no-show" the full package price will be retained.
- **For sub blocks please see terms and conditions on your pro forma invoice**

**17 – 20 June 2018**

**ACCOMMODATION RATE SCHEDULE**

**Closing date for Accommodation Reservations:  
17 May 2018**

LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
<b>Cabanas Hotel</b>	Standard Family Room	<b>BHF1802PB</b>	<b>R 2 617.00</b>	<b>R 2 437.00</b>
	Upstairs Lake Facing Family Room		<b>R 2 883.00</b>	<b>R 2 703.00</b>
	Downstairs Lake Facing Family Room		<b>R 3 132.00</b>	<b>R 2 952.00</b>
	Paraplegic Room		<b>R 1 947.00</b>	<b>R 1 767.00</b>

LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
<b>Soho Hotel</b>	Luxury Family Room	<b>BHF1801PB</b>	<b>R 3 069</b>	<b>R 2 875</b>
	Superior Luxury Room		<b>R 3 251</b>	<b>R 3 056</b>
	Superior Luxury Family Room		<b>R 3 446</b>	<b>R 3 252</b>
	Ground Facing Superior Luxury Room		<b>R 3 458</b>	<b>R 3 263</b>
	Ground Floor Superior Luxury Family Room		<b>R 3 653</b>	<b>R 3 459</b>
	Paraplegic Room		<b>R 2 626</b>	<b>R 2 431</b>

LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
<b>Palace Hotel</b>	Luxury Twin Room	<b>BHF1804PB</b>	<b>R 3 751.00</b>	<b>R 3 426.00</b>
	Superior Luxury Room		<b>R 4 575.00</b>	<b>R 4 250.00</b>

**GUEST INFORMATION (Please Print)**

Please read the terms and conditions and sign in the space provided below in acceptance thereof

<b>GUEST INFORMATION (Please Print)</b>					
Please read the terms and conditions and sign in the space provided below in acceptance thereof					
Surname		Name		Title	
Partner's Surname		Partner's Name		Title	
Postal Address					
				Postal Code	
Facsimile		Tel (B)		Tel (H) / Cellphone	
Email					
Arrival Date			Departure Date		
Group ID					
Special Requests / Instructions?					
Guest Signature			Name		

**17 - 20 June 2018**

## **AUTHORISATION FOR USE OF CREDIT CARD**

I, Mr /s \_\_\_\_\_ hereby give authorisation to **SUN INTERNATIONAL** to

**DEBIT** my credit card for the amount of R \_\_\_\_\_

(amount in words) \_\_\_\_\_

This amount is for accommodation PRE- payment/s for the following reservation/s:

\_\_\_\_\_

CARD TYPE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ CVC AUTH No (3 digits) \_\_\_\_\_

CARD NUMBER: \_ \_ \_ \_ \_

CARD HOLDERS FULL NAME: \_\_\_\_\_

CARD HOLDERS I.D NUMBER: \_\_\_\_\_

CONTACT TELEPHONE NUMBERS: TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CARD HOLDERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax or mail completed details to Group Reservations on Fax **+27 (0) 11 780 7596** or [grpresv@za.suninternational.com](mailto:grpresv@za.suninternational.com).

It remains the responsibility of the Card Holder to verify if this authorisation has been received and processed onto the correct reservation.

Reservations where card payments been declined by Card Division, will be cancelled.

Cancellation of reservation made 7 days prior to arrival date will entitle you to a full refund of the moneys paid, upon written request faxed to the Advance Deposit Manager on **+27 (0) 11 780 7168**

Cancellation of reservations made within 7 days prior to the arrival date will result in a cancellation fee of the first nights accommodation being charged.

Thanking you

**CHANTAL GELDENHUYS**

**ADVANCE DEPOSIT MANAGER**