

ACCOMMODATION BOOKING FORM

Reservation Name: _____

Reference: **Deakin University Graduation Ceremony**

Guest Mobile: _____

Graduate Friends & Family Rate

Date of Function: **11/12/2014**

Guest Email: _____

ACCOMMODATION DETAILS

Check In Date: _____

Check Out Date: _____

Number of nights: _____ ETA from 2pm: _____

Number of adults: _____ ETD before 10am: _____

Room Type*: \$165.00 per Single Room, occupancy 1
 \$190.00 per Double Room, occupancy 2
 \$210.00 per Twin Room, occupancy 2 Sharing with _____
***All rate includes full breakfast served from 7am – 9am midweek**

Lifestyle Requirements / Comments: _____

PAYMENT DETAILS

Credit card payment is required at the time of booking to your confirm reservation

Card Number: _____

Card Name: _____ Card Type: _____

Expiry Date: _____ CCV: _____

Payment of incidentals: Guest on check out Charge to the above credit card



Phone: 03 5227 3000 **Fax:** 03 5227 3101 **Email:** client.services@deakin.edu.au

Office Use Only			GCCB	<input type="checkbox"/>
Staff/Date:			RM	<input type="checkbox"/>
Reservation #:	Rate Code:	Room #	PAID	<input type="checkbox"/>
Package:	Price Per night:	Total Stay:	RECEIPT & CONFIRMATION SENT	<input type="checkbox"/>