

63rd ANNUAL IPM 2019 CONVENTION
20 - 23 OCTOBER 2019
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 Email the form on the reverse of this page to grpresv@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@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 IPM CONVENTION Only.

Cancellations:

- A cancellation made 7 days prior to arrival date will entitle you to a full refund of the amount 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 & Conditions on your pro forma invoice.

20 - 23 OCTOBER 2019
ACCOMMODATION RATE SCHEDULE
 Closing date for Accommodation Reservations: 20 SEPT 2019

LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
CABANAS HOTEL	Standard Twin Room	IPM1902PB	R 1 713.00	R 1 523.00
	Standard Family Room		R 2 308.00	R 2 118.00
LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
SOHO HOTEL	Luxury Twin Room	IPM1901PB	R 2 754.00	R 2 549.00
	Luxury Family Room		R 3 205.00	R 3 000.00
LOCATION	ROOM TYPE	GROUP ID	RATES	
			Double	Single
CASCADES HOTEL	Luxury Twin Room	IPM1903PB	R 2 845.00	R 2 615.00
	Luxury Family Room		R 3 336.00	R 3 106.00

GUEST INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

Surname		Name		Title	
Partner's Surname				Title	
Postal Address					
				Postal Code	
Facsimile					
Email		Tel (B)		Tel (H) / Cellphone	
Arrival Date					
Group ID		Departure Date			
Special Requests / Instructions					
Guest Signature		Name			

GROUP INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

Company Name					
Postal Address					
					Postal Code
Facsimile					
Email		Tel (B)		Tel (H) / Cellphone	
Number of Rooms	Double Occupancy		Single Occupancy		
Arrival Date					
Group ID			Departure Date		
Special Requests / Instructions					

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 HOLDER'S FULL NAME: _____

CARD HOLDER'S I.D NUMBER: _____

CONTACT TELEPHONENUMBERS: TEL: _____ CELL: _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

POSTAL ADDRESS: _____

CARD HOLDER'S SIGNATURE: _____ DATE: _____

Please fax or mail completed details to Group Reservations on Fax **+27 (0) 11 780 7596** or grpresv@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 have 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 night's accommodation being charged.

Thanking you,

CHANTAL GELDENHUYS
ADVANCE DEPOSIT MANAGER