



Accommodation Booking Form: IUGA 2016

Register online at http://www.turnersconferences.com/CONFERENCES/2016/IUGA2016/BookingForm_Accommodation.asp

02 – 06 August 2016, Cape Town International Convention Centre

To reserve accommodation, kindly complete this form and email or fax it to Turners Conferences

Email: gills@turnergroup.co.za, Fax No: 031 368 6623, Tel No: 031 368 8000

SECTION 1 – DELEGATE INFORMATION

Last Name/Family Name	First Name (for badge)	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality	Invitation Letter Required
Accompanying Persons				
Do you agree that your name and email address can be given to sponsors of the congress			YES:	NO:
Institution Name				
Institution VAT Number				
Department				
Contact Person's Name				
Postal Address				
City		State		Post/Zip Code
Country		Phone		Mobile
Tick as required: This is my:		Private Address	Institution Address	
Email Address			Fax	

A - ACCOMMODATION

Please indicate your choice of hotel in the box below. * All rates are quoted in South African Rands (ZAR) and are subject to change. Rates include VAT at 14% and 1% Tourism Levy. Rates are per room per night and include either a Continental or English breakfast.

You may cancel your reservation up to 31st May 2016 with a full refund less an administration fee of ZAR 228.00.

Reservations cancelled after the 31st May 2016 will attract the following cancellation penalties:

1. 59 – 31 Days – 50% cancellation fees apply
2. 30 – 0 Days – 100 % cancellation fees apply

An amendment fee of ZAR 228.00 applies to all changes made to confirmed reservations. Should you reduce the length of your stay upon arrival at the hotel, the hotel reserves the right to change cancellation fees for the nights that you will no longer be using.

1st Choice							
2nd Choice							
In the event that my preferred Hotel is unavailable please book a	Higher		Lower		Category of accommodation		
Arrival Date	Departure Date					No. of Nights	
Room Type Required	Single	Double	Twin	Other (Specify)			
Name of Person with whom you are sharing the room							
Special Dietary Requests e.g. Vegetarian Meal, etc.							
Other Special Requests e.g. Non Smoking Room, Physically Disabled etc.							
50% deposit is required with this application to confirm the reservation.							
TOTAL AMOUNT PAYABLE: Use this section to summarize your requirements and calculate the total of your payments due							
Sections				Sub Totals		ZAR Amount	
A 50% deposit Accommodation						ZAR	
				TOTAL		ZAR	
PAYMENT DETAILS							
Please enter X in the appropriate box							
Option 1 Bank Transfer	<p>You must specify your name and the name of the conference on your bank transfer. Forward to: Account Holder: Turners Conferences & Conventions (Pty) Ltd – IUGA 2016 Bank: First National Bank Account Number: 6245 962 7679 Branch: Main Branch Branch Code: 22 14 26 SWIFT Code: FIRNZAJJ762 or FIRNZAJJ (Please fax a copy of your bank transfer to Turners). Final date for Bank Transfer payments will be the 1 August 2016 When processing your payment by bank draft please allow additional funds to cover bank charges. If short payments are received they will be for your account.</p>						
Option 2 Credit Card	Please complete the following authorization for Congress Organizers to debit your credit card.						
I, the undersigned, do hereby authorize Turners Conferences to debit my credit Card for the following amounts: (please fax a copy of the front and back of the credit card to Turners, if the registered participant is not the cardholder)							
Registration Fees plus Accommodation Deposit Plus Airport Transfers Plus Tours				TOTAL		ZAR	
Credit Card Type X	Master	Visa	Diners	Amex			
Credit Card Number				Expiry Date			
Cardholder's Name				3 Digit no. on reverse side where applicable			
Cardholder's Signature				Date of Signature			