

ist African Nursing Conference



21 -22 November 2019 Destiny Hotel & Conference Centre



ACCOMMODATION BOOKING FORM

1st African Nursing Conference 2019

21 - 22 November 2019, Destiny Hotel, Kempton Park, South Africa
Online bookings at

To register, kindly complete one form, per delegate and email, fax or post it to Turners

Email: bruce@turnersdmc.co.za Fax: 031 368 6623, Tel: 031 368 8000

Last Name / Family Name	First Name	Title: Dr/Prof./ Mr/ Mrs / Ms	Nationality
Accompanying Person	Accompanying Person First Name	Title: Dr/Prof./ Mr/ Mrs / Ms	Nationality
Last Name / Family Name	First Name	IVII/ IVII 5 / IVIS	

Company /Institution								VAT stration #		
Postal Address										
City				State				Zip Code		
Country				Phone: Inc. Code		de		Mobile:		
E-mail Address					Fax: Inc. (Code				
Special Dietary Requests:		Name):			Request				
Other Special Requests: Specify		Name	•			Request				

A ACCOMMODATION

For full details of the hotels visit the conference website:

Please select the hotel of your choice from this list, and indicate your preference in the space provided below.

All rates are quoted in South African Rands (ZAR) and are subject to change. Rates include VAT at 14 per cent, 1% Tourism Levy and Breakfast. You may cancel your reservation up to the 21st September 2019 with full refund less an administration fee of R230. Reservations cancelled after 21st September 2019 will attract the following cancellation penalties:

- 59 31 Days 50% Cancellation fees apply
- 30 0 Days 100% Cancellation fees apply

An amendment fee of ZAR230.00 applies to all changes made to confirmed reservations after the 01st November 2019.

Hotel Name: 1st Choice	

Hotel Name: 2nd	Choice												
In the event that my preferred Hotel is unavailable, please book me in a			Similar			Higher			Lower		Category of accommodation		
Arrive Date		С			Depart Date					No	. Of Nights		
Room Type Required	Single	D	oubl	uble Tw		vin	Other (Specify)						
Other Special Hotel Requests E.G. Non Smoking Room													

Full pre-payment will be required with this application to confirm the reservation.

Accommodation Total A ZAR

TOTAL AMOUNT PAYABLE (Use this section to summarise your requirements and calculate the total of your payments due)

Section:Items:		Sub-totals	ZAR Amount
Α	Accommodation		ZAR
		TOTALS	ZAR

PAYMENT DETAILS (Please enter X in the appropriate box)

Option One	Bank: ABSA Bank
Bank	Branch: KZN Business Banking
Transfer	Account Name: Turners Conferences & Conventions (Pty) Ltd
	Account Number: 4060455419
	Branch Code: 632005
	Swift Code: ABSA-ZA-JJ
Option Two	When opting to process payment by credit card, further instructions will be emailed advising on how to
Credit card	process payment via a secure online 3D PayGate portal. A unique reference number will be issued to you.

<u>Final Date for bank transfers is the 15th November 2019</u> Turners Conferences & Conventions (PTY) Ltd

PO Box 1935, Telephone: +27 31 368 8000 Durban, 4000 +27 31 368-6623 Fax:

South Africa brucer@turnersconferences.co.za Email:

All transactions are conducted in terms of Turners standard conditions of trading. They are published on the Turners Conferences Website & available on application.