



ACCOMMODATION RESERVATION FORM

SOUTHERN RIGHT DELTA CONFERENCE 29 NOVEMBER – 4 DECEMBER 2009

Please complete and return by Fax to the Villa Via Hotel a.s.a.p. or no later than 31 August 2009

CONTACT : Vanessa on Tel: +27 21 856 8200 OR conference@villa-via.com OR Fax: +27 21 856 4771

A DEPOSIT EQUAL TO ONE NIGHT'S STAY IS REQUIRED

Please use block letters

Title: Prof Dr Mr Ms

Surname _____ First Name _____

Organisation _____

Full Postal Address _____

Postal Code _____ City _____ Country _____

Telephone Number (_____) _____ Fax (_____) _____

E-Mail _____

DATE IN: _____ DATE OUT: _____

BED & BREAKFAST RATES

R640.00 per person, per night in Single Standard Accommodation

R430.00 per person, per night in Shared Standard Accommodation

Please indicate your Method of Payment

Cheque <input type="checkbox"/> Bank transfer <input type="checkbox"/> Credit Card <input type="checkbox"/>	
Credit Card details Expiry Date _____ Card No _____ Last three digits on back of card _____ Name of Card Holder _____	Type of card Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amount R _____

SIGNATURE: _____ **DATE:** _____