AUSTRALASIAN JEWISH MEDICAL FEDERATION



ATTENTION: RESERVATIONS

Accommodation Red Date: Friday 6 March 2018					
Venue: Novotel, Geelong All rates and room types	are subject to	availabil	lity at the time of bo	ooking.	
Name:					
Position:					
Company:					
Address:					
State:		Pos	tcode:		
Email:					
Phone:		Mob	oile:		
Fax:	Le Club number				
OR: For complimentary members	hip, tick your prefere	nces belov	v and a temporary card wi	II be provided	for you on check-in
Room Preferences:	Smoking		Non Smoking		
Floor Preferences:	High Floors		Lower Floors		
Pillow Type:	Foam		Feather		
Bed Size:	King		Twin		
The hotel requires a creoused for payment unless to charge back to a third (VISA/MasterCard/Bankca	s supplied on che party credit can ard) please circle	neck-in. rd) appropr	(Please contact the iate card		
Name on Card				_	
Signature			Expiry D	ate	
Please select one of the which they are received. Standard King with Balcor Standard Twin with Balcor	y (1 King Bed)		servations will be ma	de based d	in the order in
Accommodation rates (please select): Accommodation and buffet breakfast for one: Accommodation and buffet breakfast for two: Cancellations / changes within 30 days of the arrival date will be charged full can					\$150.00
Cancellations / Changes w	ittiiii 30 days 01 t	ine annva	ai uate wiii be charge	u iuii cance	silation charges

for all nights booked.

Valet car parking is available at an additional cost of \$25 per car, per night.

The hotel may be required to provide the organiser of the conference with the details of your booking once made. Please advise at time of booking if you do not wish for this to happen.

RETURN COMPLETED REGISTRATION FORM TO:

ATT: RESERVATIONS NOVOTEL, GEELONG 10-14 EASTERN BEACH ROAD **GEELONG • VICTORIA 3220**

F (613) 5223 3417

E reservations@novotelgeelong.com.au

