

**THE SYMPOSIUM OF INTERNATIONAL
NEUROTRAUMA SOCIETY**
LUXURY HOTELS INTERNATIONAL SOUTH AFRICA (PTY) LTD
Company Registration Number: 2014/004555/07

FOR BOOKINGS: 0861 11 9000
EMAIL: groups@proteahotels.com
FAX: 086 245 7545

THE SYMPOSIUM OF INTERNATIONAL NEUROTRAUMA SOCIETY
(REF: 881079)
{31 JAN – 05 FEB Y2016}

CHOSEN HOTEL			
COMPANY NAME			
FULL NAME & SURNAME			
ARRIVAL DATE		DEPARTURE DATE	
ADDRESS			
PHONE NUMBER		CELL NUMBER	
EMAIL ADDRESS			
ARRIVAL FLIGHT		DEPARTURE FLIGHT	
SPECIAL REQUEST			
PREFERRED PAYMENT	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER* <small>*Kindly note for EFT transfers an invoice will be provided for the payment due following which payment will need to be made within 48 hours or the reservation shall be released without notification.</small>		

HOTEL SELECTION & RATES *Please indicate number of rooms required

Protea Hotel North Wharf {881082}		
NUMBER OF ROOMS	ROOM TYPE	RATE (ZAR)
	1 Bedroomed Apartment Non Smoking	R 3 030.00 per room, per night, bed & breakfast single
	1 Bedroomed Apartment Non Smoking	R3 895.00 per room, per night, bed & breakfast double

NOTES

- Inclusive of VAT at 14% and Excludes a 1% Tourism Levy.
- Valid for the above period and hotels only.
- Excludes Specialized Catering which can be arranged at an additional fee on request.
- Rooms booked from 30 days to 0 days prior to event date will be subject to availability



PROTEA HOTELS



**AFRICAN PRIDE
HOTELS**

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GUARANTEE

NAME ON FRONT OF THE CARD			
ADDRESS TO WHICH STATEMENTS ARE SENT			
TYPE OF CARD			
CARD NUMBER			
EXPIRY DATE		SECURITY CODE	
<ul style="list-style-type: none"> The credit card is required to confirm your booking and a deposit equivalent of one night's accommodation cost will be held on the credit card. This amount will be applied to your final billing and any cancellations will be handled per the terms of the agreement stated below. Furthermore, this credit card shall be held as a guarantee for payment of the accommodation in full and shall be charged the total amount due by the hotel for the remaining balance of the reservation due upon check out. Cancellation between 89 and 60 days prior to the commencement of the reservation shall carry a 25% cancellation fee of the full accommodation value. Cancellation between 59 and 30 days prior to the commencement of the reservation shall carry a 50% cancellation fee of the full accommodation value. Cancellation after 30 days prior to the commencement of the reservation shall carry a 100% cancellation fee of the full accommodation value. THE CLIENT shall be charged the room rate for the entire period in the case of no-show. 			
I, the undersigned, hereby agree to the above terms and conditions relating to confirmation of my reservation at the selected hotel above.			
_____		_____	
CARD HOLDER SIGNATURE		DATE	

Kindly attach copy of passport/identity document as well as a copy of the front and back of the credit card.

Thank You for your booking. Should you require any further information kindly contact us on 0861-11-9000.