ACCOMMODATION BOOKING REQUEST FORM
C/Portmann Events Consulting Pty Ltd ABN: 25 094 460 474

The Sixth International Conference on Ubiquitous Intelligence and Computing (UIC-09)
And The Sixth International Conference on Autonomic and Trusted Computing (ATC-09)
7th-9th July 2009, University of Queensland, Brisbane, Australia

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- **CHIFLEY AT LENNONS HOTEL –**

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PERSONAL DETAILS

Title …………… Name …………………………………….. Surname……………………………………………………..

Mailing Address ……….

City …………………………………………………….Province/State …………………………….. Postal/Zipcode ……………….

Telephone (   ) …………………………………………Facsimile (   ) …………………………………………………...

Mobile ………………………………………………….E-mail ………………………………………………………………

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ACCOMMODATION REQUEST

Rate: $198 (   )Number of Rooms   (   )Number of Adults   (   )Number of Children. Rate as shown is for Deluxe Single, Double, Twin share

and inclusive of GST. (   )Single (   )Double (   )Twin Share   Check in Time: 14:00pm Check out Time: 10:00am

Arrival Date:_____ Arrival Time: _____ Departure Date: _____

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HOTEL CONFIRMATION:

All reservations must be made and guaranteed by the 6th June 2009 by returning this form completed along with your credit card authorisation or Company cheque. Requests made after this date will be subject to availability. One night's accommodation non-refundable deposit will be processed by the hotel using your credit card on receipt of this signed booking form. Cancellations received thirty (30) days prior to the arrival date will incur a cancellation fee equivalent to one (1) nights' accommodation. Cancellation of a confirmed booking within thirteen (13) days prior to the arrival date will be charged at the agreed rate for all room nights booked. No show of a confirmed booking will be charged at the agreed rate for all room nights booked. Please check with the hotel the full details of accommodation booking terms and conditions.

YOUR ROOM: (Hotel Use Only)			
Rate Confirmed:		Date:	
Confirmation Number:		Signed:	

PAYMENT DETAILS
Cheque
Payable directly to the hotel, made to: 'CHIFLEY AT LENNONS HOTEL'.
Credit Card Authorization of Payment
Payments are to be authorized by completing and sending this credit card authorization of payment for the hotel. Credit card payments will be processed by the hotel directly and a non-refundable deposit equivalent to one (1) nights' accommodation will be processed to secure your booking.

Cardholder Name……………………………………………………………………… Card Expiry Date ………………. /……………….

Cardholder Number…….

Card Type   (   ) Bankcard (   ) MasterCard (   ) VISA (   ) Amex (   ) Diners Please debit my credit card $ ....

Signature ……

<u>IMPORTANT NOTE:</u>
ACCOMMODATION BOOKING REQUEST FORM AND CHEQUE OR CREDIT CARD AUTHORISATION OF PAYMENT MUST BE RECEIVED BY THE CONFERENCE SECRETARIAT'S OFFICE BY 6TH OF JUNE 2009.