



ACCOMMODATION RESERVATION FORM

Please complete and return by email **BEFORE 29 November 2019** to the Maslow Hotel, Sandton

Please familiarise yourself with the accommodation booking and cancellation policies as stipulated by the hotel



Participant details

Place ✓ in appropriate box

Title Prof Dr Mr Ms

Initials & Surname _____

First name for badge _____

Accompanying person details

Place ✓ in appropriate box

Title Prof Dr Mr Ms

Initials & Surname _____

First name for badge _____

Organisation _____

Full Postal Address _____

City _____

Country _____ ZIP Code _____

Telephone Number _____ Fax number _____

E-mail _____

AMOUNT	ROOM TYPE
R1 737 + 1% tourism levy	Single Standard Accommodation, per person per night
R2 002 + 1% tourism levy	Twin/Double Standard Accommodation, per person per night

PAYMENT DETAILS

Place ✓ in appropriate box

EFT Visa Card Master Card American Express Card

Credit Card Details

Name of card holder _____

Amount _____ Expiry date _____ Card No _____

Last 3 digits on the back of card _____

Please fax proof of payment to +27 10 226 4799 should you do a direct transfer or email to:
malsow.reservations@suninternational.com

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise the respective hotel to process the credit card payment if applicable.

Signature _____ Date _____