

HOTEL ROOM RESERVATION FORM

Hotel Contact Name: Etienne O'Connell
 Telephone: +27 12 942 5000
 Email: etienne.oconnell@thecapital.co.za

The reservation form must be sent directly to the above email address to book the room with the Hotel. Invoice will be provided for all EFT Payments.

Booker's Details:

First Name	
Last Name	
Business Contact Number	
Mobile Number	
Company Name	
Email Address	

Guest Details:

First Name	
Last Name	
Business Contact Number	
Mobile Number	
Company Name	
Company Address	
Email Address	
Company VAT Number	

Group Name:	South African Dental Association
Booking Code:	# 22728
Arrival Date:	
Departure Date:	
Number of Rooms:	

Rooms			
<i>Room</i>	<i>Single/Double</i>	<i>Rate</i>	<i>Indicate Option</i>
Standard Room – Bed & Breakfast	Single	R2280.00 per night	
Standard Room – Bed & Breakfast	Double	R2520.00 per night	
Executive Room – Bed & Breakfast	Single	R2680.00 per night	
Executive Room – Bed & Breakfast	Double	R2920.00 per night	
1 Bedroom Apartment – Bed & Breakfast	Single	R3300.00 per night	

Special Requests: _____
 Estimated Time of Arrival: _____

Method of Payment – Please indicate:

Credit Card	EFT (Electronic Funds Transfer)
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Room Reservation will only be confirmed once payment has been made in full. Non-arrival of confirmed reservations will result in a no-show penalty equal to 100% of the nightly Group rate per room, not taken up per night for the full stay period. The full pre-payment received will be non-refundable.

Signature: _____

Date: _____