



Eurofruit Congress

Southern Hemisphere

HOTEL ACCOMMODATION REGISTRATION FORM NH THE LORD CHARLES HOTEL, SOMERSET WEST

Arrival Date: _____ **Departure Date:** _____

Special group tariffs have been negotiated.

Please indicate your choice of accommodation and date of ARRIVAL and DEPARTURE.

Please forward the completed form to:

Jean Roux

NH The Lord Charles Hotel

PO Box 5751

Helderberg

South Africa 7135

Tel: +27 21 8551040

Fax: +27 21 8551107

Email: j.roux@nh-hotels.co.za

Please indicate your choice of room:

SINGLE STANDARD ROOM

R1340 per room per night, Bed and Breakfast

Single Room

Smoking Non-smoking

DOUBLE OR TWIN STANDARD ROOM

R1490 per room per night, Bed and Breakfast

Twin Room Double Room

Smoking Non-smoking

■ The above rates quoted are per room, per night and include breakfast in the restaurant.

■ The rates include 14% VAT, but exclude the 1% Tourism Levy per room per night.

■ Please note that check-in is at 14:00 and check-out is at 11:00 on day of departure.

■ Any delegates wishing to extend their stay before or after the conference, will be entitled to the same rates, subject to availability.



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NAME	NAME SHARING
Title: _____	Title: _____
First Name: _____	First Name: _____
Surname: _____	Surname: _____
CONTACT DETAILS	
Address: _____	
_____	Postal Code: _____
Telephone (work): _____	Fax: _____
_____	Email: _____

FLIGHT DETAILS	
DATE OF ARRIVAL: _____	DATE OF DEPARTURE: _____
FLIGHT NUMBER: _____	FLIGHT NUMBER: _____
TIME: _____	TIME: _____

The above preferential rates expire on 17 September 2012 and cannot be guaranteed after this date.

To secure your reservation, we require your credit card details or full pre-payment.

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> BANK TRANSFER
<input type="checkbox"/> Visa <input type="checkbox"/> Masters <input type="checkbox"/> Diners <input type="checkbox"/> Amex	Bank: Nedbank
Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch: Somerset West
Expiry date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV number: <input type="text"/> <input type="text"/> <input type="text"/> (3 digits on back)	Branch code: 106012
Cheques are not accepted	Account number: 1060127903

Please complete this form by 17 September 2012 and return directly to Jean Roux

SIGNATURE

DATE