

ACCOMMODATION RESERVATION FORM

AFRICAN BIOENERGY CONVENTION 17 – 19 MARCH 2010

Please complete and return by Fax a.s.a.p. or no later than Friday 5 February 2010 to the hotel of your choice.

A DEPOSIT EQUAL TO ONE NIGHT'S STAY IS REQUIRED TO CONFIRM YOUR RESERVATION

Participant details	Place ✓ in appropriate box			
Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>

Initials & Surname	
First name	

Accompanying person details	Place ✓ in appropriate box			
Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>

Initials & Surname	
First name	

Organisation	
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Full Postal Address			
City			
Country		ZIP Code	

Telephone Number	Fax number
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E-mail	
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PROTEA HOTEL TECHNO PARK STELLENBOSCH (B&B) www.proteahotels.com/stellenbosch Conference venue Rating ****	Number of Persons	Date In	Date Out	Total Nights	Amount
R1 222-00 per person, per night Single					
R785-00 per person, per room, per night in Sharing					
Total amount to be paid					

CONTACT : Tammy on Tel: +27 21 880 9500 OR reservationsc@phstellenbosch.com OR Fax: +27 21 880 9505

PAYMENT DETAILS

Place ✓ in appropriate box

Cheque <input type="checkbox"/>	Funds Transfer <input type="checkbox"/>	Visa Card <input type="checkbox"/>	Master Card <input type="checkbox"/>	American Express Card <input type="checkbox"/>
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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 should you do a direct transfer.

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

Signature	
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Date	
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