

# 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**

Title  Place ✓ in appropriate box Prof  Dr  Mr  Ms

Initials & Surname	<input type="text"/>
First name	<input type="text"/>

**Accompanying person details**

Title  Place ✓ in appropriate box Prof  Dr  Mr  Ms

Initials & Surname	<input type="text"/>
First name	<input type="text"/>

Organisation	<input type="text"/>
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Full Postal Address	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>	ZIP Code	<input type="text"/>

Telephone Number	<input type="text"/>	Fax number	<input type="text"/>
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E-mail	<input type="text"/>
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STELLENBOSCH LODGE (B&B) <a href="http://www.stblodge.co.za">www.stblodge.co.za</a> Conference venue Rating ****	Number of Persons	Date In	Date Out	Total Nights	Amount
R620-00 per person, per night Single					
R535-00 per person, per room, per night in Sharing					
Total amount to be paid					

CONTACT : Cherill on Tel: +27 21 888 0100 OR [reservations@stblodge.co.za](mailto:reservations@stblodge.co.za) OR Fax: +27 21 880 1408

### PAYMENT DETAILS

Place ✓ in appropriate box

Cheque  Funds Transfer  Visa Card  Master Card  American Express Card

Credit Card Details		Name of card holder											Last 3 digits on the back of card			
Amount	<input type="text"/>	Expiry date	<input type="text"/>	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"/>

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	<input type="text"/>
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Date	<input type="text"/>
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