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		Dr		Mr		Ms	

Initials & Surname	
First name	

Accompanying person details

Place ✓ in appropriate box

Title	Prof		Dr		Mr		Ms	

Initials & Surname	
First name	

Organisation	

Full Postal Address			
City			
Country		ZIP Code	

Telephone Number		Fax number	

E-mail	

STELLENBOSCH LODGE (B&B) www.stblodge.co.za 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 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			
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		Date	