ACCOMMODATION RESERVATION FORM

ISCA Tutorial and Research Workshop 9 - 11 April 2006

Please complete and return by Fax a.s.a.p. or no later than 26 February 2006 to the Protea Hotel, Stellenbosch

A DEPOSIT EQUAL TO ONE NIGHT'S STAY IS REQUIRED

Please use block letters	Title: F	Prof Dr Mr Ms
Surname		First Name
Organisation		
Postal Codo	Cib.	Country
		Country
		Fax ()
DATE IN:	DATE OU	JT:
THE PROTEA HOTEL STE	LLENBOSCH	
BED & BREAKFAST RATES		
R589.00 per person, per night in Single Standard Accommodation		
R404.00 per person, pe	er night in Shared Standard Acc	commodation
R645-00 per person, per night in Single Delux Accommodation		
R435-00 per person, per night in Shared Delux Accommodation		
CONTACT : Corné Bam AT THE RESERVATIONS DEPARTMENT, PROTEA HOTEL STELLENBOSCH ON Tel: (021) 880 9500 OR reservations@phstellenbosch.co.za Fax: (021) 880 9505.		
Please indicate below your Method of Payment		
Cheque		Bank Details for direct payments. NAME OF ACCOUNT: PROTEA HOTEL STELLENBOSCH
Bank transfer		BANK: STANDARD BANK BRANCH CODE: 033012 - Helderberg
Credit Card	0	ACCOUNT NUMBER: 072379812 (Please remember to fax proof of payment should you do a direct transfer.)
Credit Card details		Type of card
Expiry Date		·· Visa □
Card No		Mastercard □
Last three digits on back of card	l <u></u>	
Name of Card Holder		Amount R
		_1

SIGNATURE: _____ DATE: _____