

**CAPSA CONFERENCE 2019  
13 - 16 OCTOBER 2019  
ACCOMMODATION RESERVATION FORM**

**How to make your reservation:**

- Option 1            Fax the form on the reverse of this page to Group Reservations on +27 (0) 11 780 7596  
Option 2            Email the form on the reverse of this page to [grpresv@suninternational.com](mailto:grpresv@suninternational.com)  
Option 3            Contact our call centre on 011 780 7800 or 011 780 7891

- You will receive written confirmation of your booking within 24 hours.

**How to pay for your reservation:**

Please note that FULL PREPAYMENT for any accommodation booked is required within 10 days of making your booking, alternatively your booking will be released.

**Option 1: Credit Card**

- Fax or email the credit card form on the reverse of this page to Group Reservations on + 27 (0) 11 780 7596 or to [grpresv@suninternational.com](mailto:grpresv@suninternational.com)

**Option 2: Direct Deposit**

- If you do not have a credit card, you will be required to make a cash deposit into Sun International's bank account within 10 days of making the reservation, alternatively your booking will be released.
- Fax your deposit slip to the Advance Deposit Manager at +27 (0) 11 780 7168.
- Please include your reservation number and contact telephone number on the deposit slip.

**Banking Details:**

Sun International Limited c/o Local Advance Deposits  
Standard Bank, Sandton Branch, 019205, Current Account  
Account number: 02 267 1889

**Terms and Conditions:**

- Accommodation will be allocated on a 'first come, first served' basis. On arrival at your hotel, you will be required to provide a credit card guarantee or cash deposit, to cover charges you may incur over and above your accommodation.
- The rates quoted are net, per room, per night including Bed & Breakfast, tourism levy and 15% VAT.
- These rates are valid for the period of the **CAPSA 2019** Only.

**Cancellations:**

- A cancellation made 7 days prior to arrival date will entitle you to a full refund of the amount paid, upon written request faxed to the Advance Deposit Manager on +27 (0) 11 780 7168.
- A cancellation made within 7 days of arrival date will result in the forfeit of one night's accommodation including the relevant taxes.
- In the event of a "no-show" the full package price will be retained.
- For sub blocks please see Terms & Conditions on your pro forma invoice.

13 - 16 OCTOBER 2019

ACCOMMODATION RATE SCHEDULE

Closing date for Accommodation Reservations: 20 September 2019

| LOCATION       | ROOM TYPE            | GROUP ID    | RATES (Sun – Thu) |            | RATES (Fri & Sat) |            |
|----------------|----------------------|-------------|-------------------|------------|-------------------|------------|
|                |                      |             | Double            | Single     | Double            | Single     |
| Soho Hotel     | Luxury Twin Room     | CAPSA1901PB | R 2 170.00        | R 1 970.00 | R 2 600.00        | R 2 400.00 |
| LOCATION       | ROOM TYPE            | GROUP ID    | RATES (Sun – Thu) |            | RATES (Fri & Sat) |            |
|                |                      |             | Double            | Single     | Double            | Single     |
| Cabanas Hotel  | Standard Family Room | CAPSA1902PB | R 2 240.00        | R 2 050.00 | R 2 690.00        | R 2 500.00 |
| LOCATION       | ROOM TYPE            | GROUP ID    | RATES (Sun – Thu) |            | RATES (Fri & Sat) |            |
|                |                      |             | Double            | Single     | Double            | Single     |
| Cascades Hotel | Luxury Twin Room     | CAPSA1903PB | R 2 470.00        | R 2 240.00 | R 2 965.00        | R 2 735.00 |
| LOCATION       | ROOM TYPE            | GROUP ID    | RATES (Sun – Thu) |            | RATES (Fri & Sat) |            |
|                |                      |             | Double            | Single     | Double            | Single     |
| Palace Hotel   | Luxury Twin Room     | CAPSA1904PB | R 3 210.00        | R 2 865.00 | R 3 850.00        | R 3 505.00 |

### GUEST INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

|                                 |  |                |  |                     |  |
|---------------------------------|--|----------------|--|---------------------|--|
| Surname                         |  | Name           |  | Title               |  |
| Partner's Surname               |  |                |  | Title               |  |
| Postal Address                  |  |                |  |                     |  |
|                                 |  |                |  | Postal Code         |  |
| Facsimile                       |  |                |  |                     |  |
| Email                           |  | Tel (B)        |  | Tel (H) / Cellphone |  |
| Arrival Date                    |  |                |  |                     |  |
| Group ID                        |  | Departure Date |  |                     |  |
| Special Requests / Instructions |  |                |  |                     |  |
| Guest Signature                 |  | Name           |  |                     |  |

### GROUP INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

|                                 |                  |         |                  |                     |             |
|---------------------------------|------------------|---------|------------------|---------------------|-------------|
| Company Name                    |                  |         |                  |                     |             |
| Postal Address                  |                  |         |                  |                     |             |
|                                 |                  |         |                  |                     | Postal Code |
| Facsimile                       |                  |         |                  |                     |             |
| Email                           |                  | Tel (B) |                  | Tel (H) / Cellphone |             |
| Number of Rooms                 | Double Occupancy |         | Single Occupancy |                     |             |
|                                 |                  |         |                  |                     |             |
| Arrival Date                    |                  |         |                  |                     |             |
| Group ID                        |                  |         | Departure Date   |                     |             |
| Special Requests / Instructions |                  |         |                  |                     |             |

## AUTHORISATION FOR USE OF CREDIT CARD

I, Mr/s \_\_\_\_\_ hereby give authorisation to SUN INTERNATIONAL to

DEBIT my credit card for the amount of R \_\_\_\_\_

(amount in words) \_\_\_\_\_

This amount is for accommodation pre-payment/s for the following reservation/s:

CARD TYPE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ CVC AUTH No (3 digits) \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CARD HOLDER'S FULL NAME: \_\_\_\_\_

CARD HOLDER'S I.D NUMBER: \_\_\_\_\_

CONTACT TELEPHONENUMBERS: TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax or mail completed details to Group Reservations on Fax **+27 (0) 11 780 7596** or [grpresv@suninternational.com](mailto:grpresv@suninternational.com).

- It remains the responsibility of the Card Holder to verify if this authorisation has been received and processed onto the correct reservation.
- Reservations where card payments have been declined by Card Division, will be cancelled.
- Cancellation of reservation made 7 days prior to arrival date will entitle you to a full refund of the moneys paid, upon written request faxed to the Advance Deposit Manager on **+27 (0) 11 780 7168**
- Cancellation of reservations made within 7 days prior to the arrival date will result in a cancellation fee of the first night's accommodation being charged.

Thanking you,

**CHANTAL GELDENHUYS**  
**ADVANCE DEPOSIT MANAGER**