



CITY CENTRE CHRISTCHURCH

Holiday Inn City Centre
Conner of Cashel and High Streets
Christchurch
New Zealand
Phone: +64 (03) 3658 888
Facsimile: +64 (03) 3536199
Web:www.IHG.com

WasteMINZ CONFERENCE

BOOKING REFERENCE 302341

CONFERENCE DATES Monday 12th – FRIDAY 16th October 2009
SPECIAL TARIFF APPLIES TO DATES ONLY BETWEEN Sunday 11th – 17 October INCLUSIVE

BOOK EARLY TO GUARANTEE AVAILABILITY AND TO QUALIFY FOR THE SPECIAL ROOM TARIFF OF

\$125.00 EXCLUSIVE OF GST PER ROOM PER NIGHT

PLEASE FAX TO: Reservations
(03) 3536199

OR E-MAIL TO: reservations@hicitycentrechristchurch.co.nz

OR MAIL TO: PO Box 22755 Christchurch

NAME/S: _____

NUMBER OF ROOMS: _____

PHONE CONTACT: _____ FAX OR EMAIL: _____

HOME ADDRESS: _____

COMPANY: _____

ADDRESS: _____

REQUEST: DOUBLE/SINGLE (1 queen bed)

TWIN (1 double bed, single bed) *PLEASE NOTE: ON AVAILABILITY

PREFERENCE: SMOKING

NON SMOKING * PLEASE NOTE: ON AVAILABILITY

PRIORITY NUMBER _____

ARR. DATE: _____ ETA: _____ DEP. DATE: _____

ACCOUNT PAYMENT:
Please circle one of following / CREDIT CARD / CASH

IF PAYING BY CREDIT CARD, DETAILS AS FOLLOWS:

NAME OF CARDHOLDER _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____

IF PAYING BY CASH, A FORWARD DEPOSIT FOR ACCOMMODATION AND INCIDENTALS WILL BE REQUESTED ON CHECKIN
CANCELLATIONS MUST BE MADE TO HOTEL 24 HOURS PRIOR TO
DAY OF ARRIVAL TO ENSURE NON ARRIVAL & CANCELLATION FEES ARE NOT INCURRED.
FEE EQUIVALENT TO ONE NIGHT'S ACCOMMODATION TARIFF/S CHARGED IN THE EVENT OF OF CANCELLATION WITHIN
24 HOURS OR IN THE EVENT OF NON ARRIVAL

HOTEL CONFIRMATION NUMBER: _____