

Cable Beach Club

RESORT BROOME

Broome2003 Crystallography Conferences Accommodation Request Form

Guests Name :	
Address:	
Suburb/Postcode	
Fax Number:	
Email Address:	
Arrival Date	
Arrival Time/Flight	Transfers* Y / N
Departure Date	
Departure Time/Flight	Transfers* Y / N
Number of Guests	
Room Type	
Bedding Configuration Required	Single /Double /Twin
Credit Card Number/Expiry	/
Name of Card Holder	
Rate Confirmed	\$
Confirmation Number:	
* Transfers to/from airport	Available at \$8 per person each way.
Cancellation Policy	24 hours prior to arrival to avoid penalty of first nights accommodation.

Please provide a Credit Card Number to secure the booking. Once you have completed this form either **e-mail** it to: resmgr@cablebeachclub.com, or **fax** it to: 61 8 9192 3417, or **post** it to: PO Box 1544, Broome WA 6725, Australia.

Your booking will not be secured until you have received a confirmation number. Please present this form on arrival as verification of your booking. If you have not received a confirmation number within two days please contact the