



**ACCOMMODATION REGISTRATION FORM**  
**Composites Australia Annual Conference**  
**Group Reference: CO2804**

To make reservations, please send the completed registration form to:  
ATTN: Group Reservation, Stamford Grand Adelaide  
FAX: 61 8 8461 0319 PHONE: 61 8 8376 1222  
EMAIL: reservations@sga.stamford.com.au

Name(s):.....  
*Given Name* *Surname in CAPITALS*

Email Address:.....

Phone: Home – ..... Work – .....

Mobile – ..... Fax – .....

Please book accommodation at the Stamford Grand Adelaide as follows:

Arrival Date: ..... ETA:.....

Departure Date: ..... Number of guests:.....

**NOTE:**

Rooms have been reserved by the hotel for the 28<sup>th</sup>, 29<sup>th</sup> & 30<sup>th</sup> of April 2010. Dates outside this block of dates are also available at the conference rate subject to availability.

**Deluxe Run Of House Room @ \$200.00 per room, per night, room only**

\*\*Upgraded rooms are available at an extra cost – please contact the hotel for information\*\*

Type of room required: Double Twin (All requests will be honoured  
Smoking Non-Smoking subject to availability)

Please note all cancellation and reductions within 48 hours prior to arrival are subject to one night's accommodation cancellation charge. All non-arrivals to the hotel will be charged for all room nights not utilised.

Special Requirements / Requests.....

**Credit Card Confirmation:** Bookings will not be accepted without credit card confirmation.

Credit card number:..... Exp ...../.....

Name on card: .....

Signature: ..... Date:.....

If the above card is not owned by the cardholder, will this card be used to pay for the specified guest/s?

YES / NO If yes, specify which charges.....

**Bookings are not confirmed until you have received confirmation directly from the hotel. All bookings must be received by 14<sup>th</sup> April 2010.**