



CROWNE PLAZA

AUCKLAND

THE PLACE TO MEET.

Accommodation Request Form

NZ Academy of Cosmetic Dentistry
17th – 21st June 2009

Name: _____

Address: _____

Contact telephone: _____

Facsimile: _____

Check in date: _____ Check out date: _____

Name of other person if sharing: _____

Queen/twin room: \$170.00 incl GST

To make your booking: **Quote "NZ Academy of Cosmetic Dentistry – Group 87227"**

In house reservations: Phone +64 9 375 4911

Central reservations: Phone 0800 801 111

Email reservations: to res1@crowneplazauckland.co.nz

Facsimile: + 64 9 3023111

To guarantee your booking, please provide us with your credit card details.

Visa Mastercard Amex Diners club

Card number: _____ Expiry date: _____

Check in time is after 2:00pm. Check out is at 10:00am.

Luggage storage is available

Special requests:

Crowne Plaza Auckland
128, Albert Street,
PO Box 6841
Wellesley Street
Auckland 1141
New Zealand.