



Individual Booking Form:

Salutation: _____

First Name: _____ Last Name: _____

Address: _____

Contact Phone Number: _____

Contact Email: _____

Check In: _____ Check Out: _____

ETA: _____ ETD: _____

Special Requests: i.e. Smoking/ Non Smoking _____

Rate: \$190.00 Inc GST Room Only _____

Rate: \$212.00 Inc GST Room & 1 Breakfast* Room Type: **DOUBLE / TWIN**

Block: **NZACD1603** People in Room: _____ Adults _____

*Breakfast are included for Pacific Restaurant - a la carte & room service are excluded

Guarantee Policy:

- * All reservations require a credit card guarantee at the time of booking.
- * Please note credit card details are used to hold the reservation only.
- * You will be requested to present your credit card on check-in at the hotel for verification.
- * No charges will be applied until your departure, or in the instance of a late cancellation or no show.

American Express Diners Visa MasterCard

Other: _____

Credit Card Number:

4 digit security code: (Required for all AMEX cards)

Expiry: /

Name on card: _____

Authorised Signature: _____

Reservations:
Phone: +64 9 366 5436 Fax +64 9 366 5575
Email: groups.auckland@rendezvoushotels.com