



### 1TS INTEGRATOR USER GROUP CONFERENCE 2024 29 FEBRUARY - 06 MARCH 2024

#### **ACCOMMODATION RESERVATION FORM**

#### How to make your reservation:

Option 1 Email the form on the reverse of this page to <a href="mailto:grpresv@suninternational.com">grpresv@suninternational.com</a>

Option 2 Contact our Sun City reservations on 014 557 1000 OR email <a href="mailto:sctyres@suninternational.com">sctyres@suninternational.com</a>

· You will receive written confirmation of your booking within 24 hours.

#### How to pay for your reservation:

Please note that FULL PREPAYMENT for any accommodation booked is required within 10 days of making your booking, alternatively your booking will be released.

#### Option 1: Credit Card

• Fax or email the credit card form on the reverse of this page to Group Reservations on + 27 (0) 11 780 7596 or to grpresv@suninternational.com

#### Option 2: Direct Deposit

- If you do not have a credit card, you will be required to make a cash deposit into Sun International's bank account within 10 days of making the reservation, alternatively your booking will be released.
- Fax your deposit slip to the Advance Deposit Manager at +27 (0) 11 780 7168.
- Please include your reservation number and contact telephone number on the deposit slip.

#### **Banking Details:**

Sun International Management Limited c/o Local Advance Deposits Nedbank, Sandton Branch, 198 765, Current Account Number: 120 786 4226

#### Terms and Conditions:

- Accommodation will be allocated on a 'first come, first served' basis. On arrival at your hotel, you will be required to provide a credit card guarantee or cash deposit, to cover charges you may incur over and above your accommodation.
- The rates quoted are net, per room, per night including Bed & Breakfast, tourism levy and 15% VAT.
- There is a minimum of 2 nights stay over the weekend, i.e., Friday and Saturday. No arrivals or departures on Saturdays allowed
- These rates are valid for the period of the ITS INTEGRATOR USER GROUP CONFERENCE 2024 Only.

#### Cancellations:

- A cancellation made 7 days prior to arrival date will entitle you to a full refund of the amount paid, upon written request faxed to the Advance Deposit Manager on +27 (0) 11 780 7168.
- A cancellation made within 7 days of arrival date will result in the forfeit of one night's accommodation including the relevant taxes.
- In the event of a "no-show" the full package price will be retained.
- For sub blocks please see Terms & Conditions on your pro forma invoice.

### 29 FEB - 06 MAR 2024

# ACCOMMODATION RATE SCHEDULE Closing date for Accommodation Reservations: MONTH BEFORE

| LOCATION          | ROOM<br>TYPE         | GROUP<br>ID  | RATES      |            |  |
|-------------------|----------------------|--------------|------------|------------|--|
|                   |                      | שו           | Double     | Single     |  |
| CABANAS<br>HOTEL  | Standard Twin Room   | ITSIUG2402PB | R 1 877.00 | R 1 637.00 |  |
| SUN CITY<br>HOTEL | Luxury Twin Room     | ITSIUG2401PB | R 2 966.00 | R 2 691.00 |  |
| CASCADES<br>HOTEL | Luxury Twin Room     | ITSIUG2403PB | R 3 376.00 | R 3 061.00 |  |
| PALACE<br>HOTEL   | Superior Luxury Room | ITSIUG2404PB | R 5 946.00 | R 5 511.00 |  |

## GUEST INFORMATION (Please Print) Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

|                                    |         |             |     |                        | <br>           |  |
|------------------------------------|---------|-------------|-----|------------------------|----------------|--|
| Surname                            | Name    |             |     |                        | Title          |  |
| Partner's Surname                  |         |             |     |                        | Title          |  |
| Postal Address                     |         |             |     |                        |                |  |
|                                    |         |             |     |                        | Postal<br>Code |  |
| Facsimile                          |         |             |     |                        |                |  |
| Email                              | Tel (B) |             |     | Tel (H) /<br>Cellphone |                |  |
| Arrival Date &<br>Room Type        |         |             |     |                        |                |  |
| Group ID                           |         | Departure D | ate |                        |                |  |
| Special Requests /<br>Instructions |         |             |     |                        |                |  |
| Guest Signature                    |         | Name        |     |                        |                |  |

## GROUP INFORMATION (Please Print) Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

| Company Name                       |                  |         |                  |  |                        |                |
|------------------------------------|------------------|---------|------------------|--|------------------------|----------------|
| Postal Address                     |                  |         |                  |  |                        |                |
|                                    |                  |         |                  |  |                        | Postal<br>Code |
| Facsimile                          |                  |         |                  |  |                        |                |
| Email                              |                  | Tel (B) |                  |  | Tel (H) /<br>Cellphone |                |
|                                    | Double Occupancy |         | Single Occupancy |  |                        |                |
| Number of Rooms                    |                  |         |                  |  |                        |                |
| Arrival Date &<br>Room Type        |                  |         |                  |  |                        |                |
| Group ID                           | Departure I      |         | Date             |  |                        |                |
| Special Requests /<br>Instructions |                  |         |                  |  |                        |                |

#### **AUTHORISATION FOR USE OF CREDIT CARD**

| I, Mr/s   | hereby give authorisation to SUN INTERNATIONAL to |  |  |  |  |
|---|---|--|--|--|--|
| DEBIT my credit card for the amount of R  |   |  |  |  |  |
| (amount in words)   |   |  |  |  |  |
| This amount is for accommodation pre-payment/s for the following reservation/s: |   |  |  |  |  |
|   | (DATE: CVC ALITH No. (2 digita)                   |  |  |  |  |
| CARD I TPE:EXPIRY   | DATE:CVC AUTH No (3 digits)                       |  |  |  |  |
| CARD NUMBER:  |   |  |  |  |  |
| CARD HOLDER'S FULL NAME:  |   |  |  |  |  |
| CARD HOLDER'S I.D NUMBER:   |   |  |  |  |  |
| CONTACT TELEPHONENUMBERS: TEL:CELL:   |   |  |  |  |  |
| EMAIL ADDRESS:  |   |  |  |  |  |
| COMPANY NAME:   |   |  |  |  |  |
| POSTAL ADDRESS:   |   |  |  |  |  |
| CARD HOLDER'S SIGNATURE:  | DATE:   |  |  |  |  |

Please fax or mail completed details to Group Reservations on Fax +27 (0) 11 780 7596 or <a href="mailto:group-reservations">grpresv@suninternational.com</a>

- It remains the responsibility of the Card Holder to verify if this authorisation has been received and processed onto the correct reservation.
- Reservations where card payments have been declined by Card Division, will be cancelled.
- Cancellation of reservation made 7 days prior to arrival date will entitle you to a full refund of the moneys paid, upon written request faxed to the Advance Deposit Manager on +27 (0) 11 780 7168 or email payments@suninternational.com
- Cancellation of reservations made within 7 days prior to the arrival date will result in a cancellation fee of the first night's accommodation being charged.

Thanking you,

ADVANCE DEPOSIT DEPARTMENT