



13 – 17 MARCH 2026 ACCOMMODATION RESERVATION FORM

How to make your reservation:

Option 1: Email the form on the reverse of this page to grpresv@suninternational.com

Option 2: Contact our Sun City reservations on 014 557 1000 **OR**Email sctyres@suninternational.com

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

• Email the credit card form on the reverse of this page to Group Reservations at 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.
- Email the deposit slip/ proof of payment to Group Reservations at grpresv@suninternational.com
- 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 Current Account Number: 1207864226 Sandton Branch 198 765

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.

 These rates are valid for the period of the ITS INTEGRATOR USER GROUP 2026 CONFERENCE Only.

Cancellations:

- A cancellation made 7 days prior to the arrival date will entitle you to a full refund of the amount paid, upon written request to the Advance Deposit Manager at grpresv@suninternational.com.
- 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.

ACCOMMODATION RATE SCHEDULE

Closing date for Accommodation Reservations: MONTH BEFORE

			RATES					
LOCATION	ROOM TYPE	GROUP ID	Double	Single				
SUN CITY	Luxury Twin Room	ITS2603PB	R 3 255.00	R 2 900.00				
CASCADES	Luxury Family Room		R 3 665.00	R 3 310.00				
SUN CITY HOTEL	Luxury Twin Room Re- Energised		R 2 090.00	R 1 780.00				
	Luxury Family Room Re-Energised	ITS2601PB	R 2 330.00	R 2 020.00				
	Superior Luxury Family Re-Energised		R 2 520.00	R 2 210.00				
SUN CITY CABANAS	Standard Twin/Family Room	ITS2602PB	R 1 850.00	R 1 580.00				

GUEST INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

GUEST INFORMATION												
Surname								Title				
Name												
GUEST INFORMATION (partner)												
Surname								Title				
Name												
CONTACT INFORMATION												
Postal Address												
1 0014171441000		Postal Code										
Email Address												
Contact Number												
Arrival Date	Date				Departure Date							
			TYPE									
Luxum, Turin /Fomily		t one of	the rooms b			te with an "X"		1				
Luxury Twin/Family Room Double				Singl	-	n/Family Ro	OIII					
Luxury Twin/Family	Room			Luxu	ry Twi	n/Family Ro	om					
Re-energized Double				Re-E	nergiz	ed Single						
Superior Luxury Family				-		uxury Family	/Re-					
Re-energized Double						Single						
Standard Twin/Family				Stan								
Room Double			1	Roon	n Sing							
Special Requests / Instructions												
Group ID												
Guest Signature			Nar	ne								

GROUP INFORMATION (Please Print)

Please read the Terms & Conditions and sign in the space provided below in acceptance thereof

GROUP INFORMATION									
Company Name									
Postal Address		Postal Code							
Email									
Contact Number									
NUMBER OF ROOMS REQUIRED Indicate the number of rooms below									
Luxury Twin/Family Room Double	Luxury T Room Si	win/Family ngle							
Luxury Twin/Family Room Re- energized Double	_	win/Family e-Energized							
Superior Luxury Family Re- energized Double	_	Luxury Family gized Single							
Standard Twin/Family Room Double	Standar Room Si	d Twin/Family ngle							
Arrival Date	Depart	ure Date							
Special Requests / Instructions									
Group ID									

AUTHORISATION FOR USE OF CREDIT CARD

I, Mr/s						_ h	_ hereby give authorisation to SUN INTERNATIONAL												
to DEBIT my credit	card	d for tl	he ar	nou	ınt of	R	_												
(amount in words)															·				
This amount is for	acco	ommo	datio	on p	re-p	ayr	nen	ıt/s f	for t	the	follo	win	g rese	erva	tion/s	s:			
					(CAI	RD I	DET	AIL	S									
Card Type																			
Expiry Date (mm	n/yy) /							CVC			/C A	uth	No						
Card Number				•															
Card Holders Fu	ıll Na	ame																	
Card Holders ID Number																			
Contact Numbe	r																		
Email Address																			
Company Name)																		
Postal Address																			
1 ostat Addiess												P	Postal Code						
Card Holder Signature										C	ate								

Please email completed details to Group Reservations at grpresv@suninternational.com

- 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 a reservation made 7 days prior to arrival date will entitle you to a full refund of the money paid, upon written request emailed to 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