B·H·F
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Three Cities
AFRICA'S EXCEPTIONAL HOSPITALITY GROUP
Riverside

BHF Southern African Conference 2008

BOOKING FORM

Family Name (Mr, Mrs, Ms, Dr) _____ First/Given Name _____

Company _____

Address _____

Telephone _____ Fax _____E-mail_____

Arrival Date _____ Departure Date _____Number of Nights _____

Flight Details _____

Room Type	Single	Double
Standard	R1200	R789 per person

No of rooms required _____

Smoking/Non-Smoking _____

Special Requests _____

Credit Card Number | | | | | | | | | | | | | | | | Expiry Date _____

Credit Card Type _____

Registered Card Address (if different from above)_____

_____

I authorise my credit card to be debited with an amount equal to my full night's stay.

Signed _____ Date _____

Confirmation Number _____ Date _____

Confirmed by _____

Please fax this form DIRECT to:

Riverside Hotel
Fax: +27 31 331 06949

Terms and Conditions:

1) Should you have completed and sent back your booking for, but have received no confirmation by the **(one month prior to the group's arrival)** please ensure that you contact the Reservations Department to confirm the status of your booking.
2) All reservations must be guaranteed with a credit card number or bank transfer to the value of the entire stay's accommodation and booking requests are to be forwarded to the hotel by the **(one month prior to the group's arrival)**.
3) Cancellation deadline date is the **(two weeks prior to the group's arrival)**, all cancellations received after this date will be charged for in full, this includes non-arrivals and unused room nights.
4) Cancellations, no shows, unused room nights and early departures will be charged for, in full, to your credit card or taken from the deposit
5) The requested room type and special requests cannot be guaranteed & are subject to availability
6) Please be advised that the Riverside Hotel will only accept bookings received via this booking form and by cannot guarantee availability of rooms after the **(one month prior to the group's arrival)**.