



Reservation Request Fax

Simply print this page and fax completed form as follows:

To: Innkeepers Central Reservations Office
Fax: (03) 6224 3579 (or 61 3 6224 3579 International)

Sender's Name: _____
Company: _____
Company address: _____

Email: _____
Phone: _____ **Fax:** _____
Corporate Card No: _____ **Date:** _____

Please reserve the following accommodation requirements:

Guest Surname(s): _____ **Title:** _____ **Initial:** _____
_____ **Title:** _____ **Initial:** _____
Property Name: _____
Type & No. of Room(s): _____
Smoking **Non-Smoking**
Arrival Date: _____ (Day/Month/Year)
Departure Date: _____ (Day/Month/Year)
Remarks/Requests: _____
Credit Card Type: _____
Credit Card Holder Name: _____
Credit Card No: _____ **Expiry:** _____

BOOKING CONFIRMATION ADVICE FROM CENTRAL RESERVATIONS OFFICE

Thank you for your reservation request.
It is with pleasure we confirm the above booking is held on your behalf.

Booking Reference: _____
Nightly rate per room: _____ **Total:** _____
Reservations Consultant: _____