

PREMIER BOOKING FORM

ORGANISER DETAILS

Name:

Address:

Contact No/s:

Email:

Please debit \$500.00 from the following card

Visa Master Card American Express Diner Card

Please note that the above cards will incur a 1.5% surcharge.

Card Number:

Exp. Date: CCV: Name on Card:

Card Holder Signature:

DECLARATION

In paying a deposit I (Name:.....) have read, understood & agree to the terms and conditions of the Events Department at Roundhouse Hotel Group

Signature:

Date:

Conference Date:

The above credit card will be charged prior to the commencement of your event as per the terms and conditions (5.1). If you do not wish for this to occur, please make prior arrangements with management.

I/we agree to all the terms and conditions set out by Roundhouse Hotel Group. I/we agree that liability for this bill and any other costs incurred by me are not waived and agree to be personally responsible for associated charges and/or any damages incurred.

I agree that the use of all facilities, are at the risk of the user(s) and the hotel will not be held liable for any damage to vehicles and/or personal injury while on premise.

In the event of the above mention, the signatory gives Roundhouse Hotel Group the authority to charge the signatory's credit card for any loss of revenue incurred by Roundhouse Hotel Group.