## **ACCOMMODATION RESERVATION FORM** ASNR-ESNR INTERNATIONAL NEURO IMAGING SERIES SYMPOSIUM

(BID 2124577)

Dear Guest

Thank you for choosing to book your stay with us!

Please be advised that check in time is at 14:00 and check out is at 11:00 on the day of departure.

Please complete all details below and return this form to reservations@spier.co.za or Fax: +27 (0) 21 809 1109 before 13 July 2018 to make a reservation.

GUEST DETAILS						
Please use block letter	Title:	□ Prof	□ Dr	□ Mr	□ Ms	□ Mrs
Surname						
First Name						
Address						
Postal Code	City	Country				
	)					
		RE	SERVATIO	ON DETA	ILS	
DATE IN:	DATE IN:				DATE OUT:	
NIGHTS:			NO OF GUESTS IN ROOM:			
The following reduced rates apply: (Rates exclude 1% tourism levy)						
•	per Signature room, per nig ve room categories may be		d, subject t	o availabi	Double: lity, and at	R 2310 per Signature room, per night B&B its applicable room category rates.
PAYMENT DETAILS						
A DEPOSIT OF 1 NIGHT'S ACCOMMODATION IS REQUIRED UPON BOOKING.  CREDIT CARD						
CARD TYPE						
CARD NUMBER —						
EXPIRY DATE						
LAST 3 NUMBERS ON BACK OF THE CARD						
CARD HOLDER'S SIGNA		I TO DEDU	CT 1 NIGH1	_ ''S DEPOSI1	FROM MY	CREDIT CARD UPON BOOKING.
BANK TRANSFER						
	er is to be used as your refer					e your booking has been made. vard proof of payment to
ACCOUNT NAME ACCOUNT NUMBER BANK BRANCH CODE	: Spier Resort Manageme : 149 806 6984 : Nedbank Business Wineld : 149 821					

We look forward to welcoming you to Spier!

## SPIER HOTEL & CONFERENCING

Spier Estate, R310, Lynedoch Road, Stellenbosch, 7600 PO Box 1078, Stellenbosch, 7599 Tel: +27 21 809 1100 Fax: +27 21 809 1134

REGISTRATION NUMBER: 1999/020181/07

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