Australasian Jewish Medical Federation

8th January 2012 to 15th January 2012

Dear guest, in order to reserve accommodation for this event as well as benefit from the heavily reduced rates outlined below, please complete this reservation form and return as soon as possible. To secure your accommodation we require Credit card details listed on this document below.

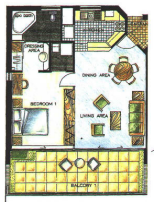
Fax: (02) 6651 3625 or email direct to stay@pacificbayresort.com.au
PO BOX 6305, COFFS HARBOUR NSW 2450
Toll Free ~ 1300 363 360 **Phone ~** (02) 6659 7000

ROOM TYPES:

***Standard Resort Room**

Resort Room - Bedding is 1 King Size bed or 2 Single beds. Please specify
_____

- ☐ **Please tick for room including 1 Adult and up to 1 Kids Breakfast $185**
- ☐ **Please tick for room including 2 Adults Breakfast $211**



***1 Bedroom Spa Suite**

Spa Suite - Bedding is 1 King Bed & 1 Double Sofa Bed in the lounge room. Suitable for 2 adults & 2 children.

- ☐ **Please tick for room including 1 Adult and up to1 Kids Breakfast $235**
- ☐ **Please tick for room including 2 Adult and up to 2 Kids Breakfast $261**
- ☐ **$13.00 per extra child over 3 years**
- ☐ **Add rollaway extra $40.00each**

2 bedroom suites are a combination of both resort rooms & 1br spa suites. Rooms feature two bedrooms, two bathrooms, kitchen, laundry, lounge & dining area with a double sofa bed.
☐$320.00 including 2 adults bfasts and up to 2 kids bfasts ☐$13.00 per extra child over 3 years

3 bedroom maisonettes are available in limited numbers at $500.00 room only per room per night. Maisonettes consist of 3 separate bedrooms, 3 bathrooms, full kitchen and laundry facilities & large living/dining area.
☐$552.00 including 2 adults bfasts and up to 2 kids bfasts ☐$13.00 per extra child over 3 years

**If you require airport transfers to Novotel Pacific Bay Resort, please fill in the following-*
Arrival Date-☐ Time-☐ Flight Number-☐ Transfer- One Way ☐ Return ☐
Number of guests (including children) ☐ Please advise if baby seat is required_____
Departure Date-☐ Time-☐ Flight Number-☐ Transfer- One Way ☐
Number of guests (including children) ☐ Please advise if baby seat is required_____
Transfer costs- $10.00 per person each way

BOOKING DETAILS: (please print)

NAME (S) _____ ADDRESS _____
_____ STATE_____ P/CODE_____
PHONE_____ FAX_____ MOBILE_____
EMAIL_____
NO. ADULTS_____ NO. KIDS OVR 3_____ NO. KIDS UND 3 _____

ARRIVAL DATE_____ DEPARTURE DATE_____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXP ☐☐☐☐

SIGNATURE _____NAME ON CARD_____

IF THE CREDIT CARD IS NOT THE GUESTS CARD PLEASE SPECIFY WHAT CHARGES THE CARD OWNER IS PAYING FOR _____

PLEASE SIGN _____ ***One form per room only*