



# AUSTRALIAN AUTO RECYCLERS CONFERENCE 2010

## 19<sup>th</sup> & 20<sup>th</sup> NOVEMBER

### REGISTRATION FORM

Please fill out this form and return it by fax, mail or email, with appropriate payment, to Actual Systems Australia.

**HOTEL**  
**SHOAL BAY RESORT**  
[www.shoalbayresort.com](http://www.shoalbayresort.com)  
 Shoal Bay, NSW 2315

Contact Amy Sanders on (02) 4984 8199, quoting Ref. 6869, or complete the attached reservation form to book your accommodation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Delegate Options:

- Full package, including Welcome Reception, buffet lunches and Friday/Saturday night dinners **\$550/delegate**
- Meal Only package, including Welcome Reception, and Friday/Saturday night dinners **\$220/delegate**
- Saturday Sales Person only, including buffet lunch and Saturday dinner **\$330/delegate**

			Full Package @ \$550/pp	or	Meal Package @ \$220/pp	or	Saturday Sales only @ \$330/pp		
Attendee Name: _____	Package:	<input style="width: 100%;" type="text"/>		or	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Attendee Name: _____	Package:	<input style="width: 100%;" type="text"/>		or	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Attendee Name: _____	Package:	<input style="width: 100%;" type="text"/>		or	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Attendee Name: _____	Package:	<input style="width: 100%;" type="text"/>		or	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Subtotal:		\$	<input style="width: 100%;" type="text"/>	+	\$	<input style="width: 100%;" type="text"/>	+	\$	<input style="width: 100%;" type="text"/>
<b>GRAND TOTAL:</b>								\$	<input style="width: 100%;" type="text"/>

Please fax, mail or email this form along with either the appropriate payment, or confirmation of payment to:  
**Actual Systems Australia**  
 2 McDougall Street, Kotara, NSW 2289  
 Tel: (02) 8008 0178 Fax: (02) 4913 5464  
[sales@actual-australia.com](mailto:sales@actual-australia.com)



## **ACCOMMODATION RESERVATION FORM**

**AUSTRALIAN AUTO RECYCLERS CONFERENCE 2010**  
**Thursday 18 November 2010 – Sunday 21 November 2010**  
**Ref: 6869**

**ENQUIRIES**

We are happy to assist with your accommodation enquiries. Please call **PH (02) 4984 8199**.

**RESERVATIONS**

In order to secure your accommodation for the abovementioned event please complete details below and send to **FAX (02) 4984 1315**.

**DEPOSIT PAYMENT**

A deposit payment equivalent to 1<sup>st</sup> night's accommodation package is required when reserving accommodation. Payment can be made by company cheque or credit card (see below). A confirmation letter will be sent to you to confirm details.

**ACCOMMODATION**

Please tick preferred accommodation. Please note that accommodation bookings are subject to availability. Should your preferred accommodation be fully booked on receipt of your Reservation Form, we will contact you to discuss alternative room type to suit your needs.

APARTMENT	MAX CAPACITY	SAT	SUN-FRI	TICK
Poolview Studio Rooms	Sleeps 3	\$160	\$120	
1-Bdrm Executive	Sleeps 2	\$180	\$140	
1-Bdrm Waterview	Sleeps 2	\$200	\$160	
1-Bdrm Beachfront	Sleeps 2	\$250	\$200	
2-Bdrm (2 bathrooms) Executive	Sleeps 4	\$250	\$200	
2-Bdrm (2 bathrooms) Waterview	Sleeps 4	\$260	\$220	
2-Bdrm (2 bathrooms) Bayview	Sleeps 4	\$280	\$240	
3-Bdrm (2 bathrooms) Executive	Sleeps 6	\$330	\$270	
3-Bdrm (2 bathrooms) Bayview	Sleeps 6	\$450	\$390	

**BREAKFAST**

Adult \$20.00 per person per day  please tick  
 Child (5-12yrs) \$10.00 per child per day  please tick  
 Infant (0-4yrs) Complimentary  please tick

**ACCOMMODATION CANCELLATIONS**

Accommodation cancellations incur the following penalty charges:

- 60 days prior to arrival - Nil
- 30-60 days prior to arrival - 25% of total accommodation pkg charges per cancelled room per night
- 7-30 days prior to arrival - 50% of total accommodation pkg charges per cancelled room per night
- 0-7 days prior to arrival - 100% of total accommodation pkg charges per cancelled room per night

Delegate Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

No. Delegates: \_\_\_\_\_ No. Non-Delegate Sharers: \_\_\_\_\_

No. Children (5-12yrs): \_\_\_\_\_ No. Infants (0-4yrs): \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

I hereby authorise Shoal Bay Resort & Spa to charge deposit due to the following credit card:

MASTERCARD       VISA       BANKCARD       DINERS       AMEX

CREDIT CARD NO: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_