



RSOO's CONFERENCE
21 – 25 March 2017

Room Type	Twin Room Sharing Occupancy (2 pax)	
LUGOGO SUN GRP70		
R913single (Bed & Breakfast only)	Residential Dinner, R285 with a drink	R1 091double (Bed & B/Fast only)
ROYAL SWAZI SPA GRP60		
R1 392 single (Bed & Breakfast only)	Residential Dinner, R300 with a drink	R1 599 double (Bed & B/Fast only)

GUEST INFORMATION
(Please print)

Surname: _____ Name: _____ Title: _____

Partner's surname: _____ Name: _____ Title: _____

Postal Address: _____

_____ Postal Code: _____

Facsimile: _____ Telephone: (B) _____ Telephone: (H) _____

ARRIVAL, Date: _____ DEPARTURE, Date: Day: _____

Room Type: _____

Hotel Selected: _____

Email address _____

Guest Signature: _____ Name: _____

Hotel will charge in full the first night for all no shows. Credit card will be run at the Hotel upon check in of guests. If paying by credit card please complete the following;

Name of Card holder											
Type of Credit Card											
Master Card				American Express		Diners		Visa			
Credit Card Number											
Expiry Date				CVC Authorization (3Digits)							
Signature of Card holder						Date					

Please once completed email to: sanele.langwenya1@suninternational.com & tanele.hlophe@suninternational.com