

Misty Hills Country Hotel

Please use the accommodation form provided. All bookings should be made through Michelle Gilder to qualify for the discounted accommodation rate arranged by SAPPO.

Please note that all delegates are responsible for their own travel and accommodation arrangements.

Phone

+27 (11) 950 6000 / 0861 732 237

Address

Muldersdrift Estate 69 Drift Boulevard (R114) | Muldersdrift | Gauteng, South Africa

GPS

S 26° 01.734' | E 27° 51.407'

Business Hours

Monday- Sunday: 24 / 7

Email Address

michelle.gilder@rali.co.za

Website

www.mistyhills.co.za

SAPPO ANNUAL CONFERENCE 2019
4 & 5 SEPTEMBER
ACCOMMODATION BOOKING FORM



Name & Surname: _____

Sharing Person: _____

Dates: (Arrival) _____ (Departure) _____

Physical or Postal Address: _____

Telephone: _____ Cell: _____

E-mail Address: _____

Accommodation: Bed and breakfast: (Tick applicable accommodation)

Single: (R1,553.00 per room per night) _____

Twin or Double: (R978.00 per person sharing per night) _____

1. **CANCELLATION/POSTPONEMENT:**

In the event of the Client cancelling or postponing the booking of Reference Number: _____, the following will apply :

- 1.1. If written notification from the Client to the Supplier is received by hand, telefax or e-mail prior to 21 (Twenty One) days of the date of the arrival, there will be no charge;
- 1.2. If written notification from the Client to the Supplier is received by hand, telefax or e-mail between 21 (Twenty One) days and 14 (Fourteen) days of the arrival, a cancellation fee of 50 % (Fifty Percent) of the amount reflected on the pro-forma invoice will be raised for immediate payment by the Client;
- 1.3. If written notification from the Client to the Supplier is received by hand, telefax or e-mail less than 14 (Fourteen) days prior to the date of arrival, the pre-payment will be forfeited and the balance will be invoiced for immediate payment by the Client;
- 1.4. In the event of the Supplier having to cancel or postpone the booking of Reference Number: _____, the Supplier will refund all monies received from the Client pertaining to such booking.

Date: _____ Signature: _____

Special Dietary Requirements:

Halaal Friendly: _____ Allergies: _____ Vegetarian: _____

Payment by EFT: (proof of payment) _____

Amount to be deducted: _____

Credit Card: Number: _____

Expiry Date: _____ CCV Number: _____

**This property operates as a cashless environment to ensure the safety of all guests & staff.
We do however accept all major debit & credit cards.**

Please complete the above form and e-mail it to Michelle Gilder; michelle.gilder@rali.co.za