



# Southern Sun

## THE CULLINAN

1 Cullinan Street Waterfront, Cape Town, Tel: ++27 (21) 418 6920 Fax: ++27 (21) 425 8686

### PICMET 2008

Mr  Mrs  Ms  Dr  Prof  Other \_\_\_\_\_

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

Surname: \_\_\_\_\_

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

Suburb / Town: \_\_\_\_\_

Country: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

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

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

Mobile / Cell Number: \_\_\_\_\_

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

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

Arrival Time: \_\_\_\_\_

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

Departure Time: \_\_\_\_\_

Standard Single Room R 1,175.00  Standard Double Room R 1,435.00

\* These rates are per room per night, including breakfast and VAT, excluding 1% tourism levy

All cancellations received between after 11 July 2008, will be liable for the full accommodation period. Should you fail to arrive at the hotel on the stipulated date, you will be charged 100% no-show fees.

#### Method of Payment

Visa  Master Card  American Express  Diners

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV Number: \_\_\_\_\_

\* Please include a copy of the front and back of the credit card in order for the hotel to charge the card.

Bank Transfer

|                 |                         |
|-----------------|-------------------------|
| Name of Bank:   | ABSA Bank               |
| Branch:         | Heerengracht, Cape Town |
| Branch Code:    | 506 009                 |
| Account Number: | 010 353 735 15          |
| Swift Number:   | ABSAZAJCCT              |

\* Please forward a copy of the deposit slip as proof of payment

Signature authorizing the debit of credit card as per the conditions and acceptance of terms and conditions

Date

#### Hotel Contact

**Tel Number:** +27 21 418 6920

**Email:** [cullres@southernsun.com](mailto:cullres@southernsun.com)

**Fax Number:** +27 21 425 8686