



13th Annual Haematology
Oncology Symposium

19 – 20 February 2021 | The Lord Charles Hotel, Cape Town



HAEMATOL^OGY IN ACTION

HOTEL ACCOMMODATION RESERVATION FORM
NH THE LORD CHARLES HOTEL, SOMERSET-WEST

13th Annual Haematology Oncology Symposium 2021

Arrival Date: 19 February 2021 - Departure Date: 20 February 2021

Special group tariffs have been negotiated. Please indicate your choice of accommodation and date of ARRIVAL and DEPARTURE.

Please forward the completed form to:

Tara Yon
NH The Lord Charles Hotel
Tel +27 21 8551040 / Fax +27 21 8551107
Email: t.yon@nh-hotels.com

The below rates will apply:

Standard Rooms (Bed & Breakfast)	Standard Rooms (Room only)
<input type="checkbox"/> Single Rooms @ R1600.00 per room per night (B/B)	<input type="checkbox"/> Single Rooms @ R1440.00 per room per night (room only)
<input type="checkbox"/> Double Room @ R1850.00 per room per night (B/B)	<input type="checkbox"/> Double Room @ R1690.00 per room per night (room only)

Please note that the above Bed & Breakfast rate is per room per night inclusive of 15 % VAT and breakfast in the Garden Terrace Restaurant. The rate, however, does not include the 1% tourism levy per night. **Please note that check-in is at 15:00 and check out is at 10:00 on day of departure.** Any delegates wishing to extend their stay before or after the conference will be entitled to the same rates, subject to availability.

NAME Title _____ First Name _____ Surname _____

NAME SHARING Title _____ First Name _____ Surname _____

ADDRESS _____

_____ POSTAL CODE _____

TELEPHONE(WORK) _____ (MOBILE) _____ (EMAIL) _____

DATE OF ARRIVAL _____

DATE OF DEPARTURE _____

Should you require an Airport Transfer, please do not hesitate to email concierge@nh-hotels.com for a quotation.

Please note the rooms are subject to Hotel availability. To secure your reservation, we do require full pre-payment. Should credit card details be given, a credit card authorization will be sent upon receiving the form in order take payment.

- Credit Card: Visa/Masters/Diners/Amex Card No _____
- Expiry date _____ CVV number _____ (3 digits on back)
- Bank Transfer

Bank	Nedbank
Branch	Somerset West
Branch code	106012
Account number	1060127903
- The hotel does not accept cheques
- Should you wish to use our Nedbank link for online payment, we will forward the link accordingly.

This form should be completed and **returned directly to Anzelika Smith.**

SIGNATURE

DATE

NH | HOTEL GROUP PART OF MINOR
HOTELS

