



BAYVIEW WAIRAKEI RESORT

TAUPO • NEW ZEALAND

NZX AGRIBUSINESS Conference 17-20 May 2010
ACCOMMODATION REGISTRATION FORM

PERSONAL DETAILS (please print or type)

Company _____

Surname _____ First Name _____

Accompanying Person _____ First Name _____

Postal Address _____ City _____

Phone (_____) _____ Fax (_____) _____

Email: _____ Dietary Requirements _____

Room Type	Room Rate	Date Arrive	Date Depart	No. Adults	No. Children	Special Requests
Single	\$145.00					
Double	\$145.00					
Twin	\$145.00					
Triple (Villa only)	\$145.00					
Standard Single	\$110.00					
Standard Double or Twin	\$110.00					

RESERVATIONS ARE TAKEN ON A FIRST COME, FIRST SERVED BASIS

Room types are allocated according to bedding requirements. We are unable to guarantee any specific area of the resort.

- Rates quoted are per room per night in \$NZD and include 12.5% GST
- Room rate covers up to two adults sharing existing bedding
- Additional bedding (roll-away bed) - additional \$25 per night
- Children 12 years or under sharing existing bedding no extra charge
- **A credit card number, purchase order or Credit Card Authorisation (per below) will be required within 30 days of receiving your confirmation. Reservations not secured by credit card details or purchase order will be released 30 days prior to arrival**
- Cheque payment will only be accepted if received at least seven working days prior to arrival. Cheque payments will not be accepted on arrival or departure.
- Cancellation within 14 Days of arrival will incur a charge of the first night's accommodation per room
- Guaranteed check in time is from 2:00pm. Check out time is 10:00am.
- Breakfast is not included in the Room Rate – a rate of \$20pp for full cooked breakfast buffet including continental is available daily and can be charged to room accounts.

PLEASE SEND COMPLETED REGISTRATION FORMS TO:

Reservations Department, WAIRAKEI RESORT, Private Bag 2006, TAUPO
Phone: 07 374 8021, Fax 07 3748485, Email: stay@wairakei.co.nz

CREDIT CARD (Tick One)

Card Holder Name: _____

- American Express
- MasterCard
- Visa
- Diners Club

Credit Card Number: _____

Card Holder signature _____ Expiry Date: _____

I _____ hereby authorise for my method of credit card payment outlined above to be charged for the below mentioned hotel services:

All Charges Room Only Room & Breakfast
Room, Dinner & Breakfast Room & Meals

Other (please specify) _____