





ACCOMMODATION REQUEST FORM 2014 CellML Workshop 14th and 15th of April '14

CONTACT DETAILS	: Please comp	lete and e-mail to <u>uoa</u>	@apx.co.nz or C	all +64 9 3753999 for more inform	mation			
PREFERRED TITLE: Mr / Mrs / Miss / Ms / Dr / Assoc Prof / Pro				er GENDER:	:	MALE / FEMA	ALE	
NAME/S OF GUEST/S:								
TELEPHONE:	+ ()		MOBILE: +	()	FAX:	+ ()		
STREET ADDRESS				EMAIL:		@		
ARRIVAL DATE:	-	1	/ 20	DEPARTURE DATE:	_	1	/ 20	
ARRIVAL TIME:	: AM / P		AM / PM	M DEPARTURE TIME::		:	AM / PM	
NUMBER OF NIGHTS:	-			_				
ACCOMMODATION PREFERENCE: Rates are room only and exclusive of GST								
LANGHAM HOTEL ****				THE PULLMAN ****				
83 Symonds St, Auckland City			Corne	Corner Princes Street & Waterloo Quadrant, Auckland City				
Classic room \$187 per night			Superi	Superior Room \$160.87 per night				
QUADRANT HOTEL ***			COPT	COPTHORNE AUCKLAND CITY ****				
10 Waterloo Quadrant, Auckland City			150 A	I50 Anzac Avenue, Auckland City Auckland City				
Studio Room \$115 per nigh	t		Standa	rd room \$102.61 per night	1			
ST MARTINS WALDORF			COPT	COPTHORNE HARBOUR CITY ***				
3 Whittaker Place, Auckland City				196-200 Quay Street,, Auckland City				
I Bedroom Apartment \$146	6 per night		Standa	rd room \$102.61 per night	Г			
	on: subject to ava ra night should	ilability at time of bool you require an early (king. Pre-bookin	g is essential. Credit card detail: departure. All hotel bookings a				
CREDIT CARD AUT	HORISATI	ON FOR DEPOS	IT:					
lhere	eby authorise A	APX to use the followi	ng credit card d	etails to confirm my preference	as above:			
NAME ON CARD:	-							
CARD NUMBER:	-							
TYPE OF CARD: VISA / MASTERCARD / AME			D / AMERICAN	RICAN EXPRESS		(CIRCLE ONE)		
EXPIRY DATE:	<u>.</u>	/20		SECURITY NUMBER:				

CARDHOLDER SIGNATURE: