**SASCRS 2019 Congress - Accommodation reservation request**

**Note:** Rooms will be sold on a first come first serve basis.

Please book your room directly with the hotel of their choice via the [book online with the hotel of your choice](https://be.synxis.com/?adult=1&arrive=2019-07-29&chain=24151&child=0&depart=2019-07-30&dest=SASC&group=SASC&level=chain&locale=en-GB&rate=GRPW01&rooms=1&sbe_ri=0)

on <http://www.sascrscongress.com/accommodation/>

|  |
| --- |
| **InterContinental -** 5 star hotel connected with skywalk to the SCC - Submit form to sascrsregister@gmail.com |
|  | R 2970 BB single 1 Bed - 1 Person |  | R3250 BB double 1 Bed / 2 Persons |  | R3250 BB Twin 2 Beds / 2 Persons |
| **Sandton Sun** – hotel integrated with Sandton City - Submit form tosascrsregister@gmail.com |
|  | R2670 BB single 1 Bed - 1 Person |  | R2950 BB double 1 Bed / 2 Persons |  | R2950 BB Twin 2 Beds / 2 Persons |
| **Garden Court -** 3 star hotel adjoining the Convention Centre - Submit form tosascrsregister@gmail.com |
|  | R1450 BB Single 1 Bed - 1 Person |  | R1450 BB Double 1 Bed / 2 persons |  | R1450 BB Twin 2 Beds / 2 Persons |

|  |  |
| --- | --- |
| Disability requirements | If you have a disability and require special accommodation, check here and append a statement regarding your disability-related needs. We cannot ensure the availability of appropriate accommodation without prior notification of needs. |
| Suites | Rates and quotations available from the hotel |
| Additional information; (e.g. Allergies and special dietary requirements) |
| **Guest Information** |
| Guest Name |  |
| Sharing Guest Name |  |
| Address |  |
| City |  |
| Country |  | Postal Code:  |
| Telephone |  |
| Email Address |  |
| Arrival Date |  | Departure Date |  |
| Credit Card Authorisation DetailsPlease note that credit card details for a first night’s room deposit is required to guarantee your room. No money will be deducted from your card before your arrival. Check the confirmation to verify the cancellation policy of your hotel. All cancellations must be made through your hotel.  |
| Cardholder’s name |  |
| Type of Card |  |
| Credit Card Number |  |
| Expiration Date |  |
| Signature |  |

*Form ver 0625*