



HERITAGE AUUCKLAND

P O Box 105 326, Auckland

Tel: +64 9 379 8553 / Fax: +64 9 979 7540 / res@heritagehotels.co.nz

ATTENTION : Group Reservations
COMPANY : Heritage Auckland
FROM :
FAX NO : +64 9 979 7540 DATE: NO OF PAGES: 1
SUBJECT : Enhancing Recovery after Surgery

Guest Details:

Mr/Miss/Mrs/Ms: First Name: Surname:

Number of guests staying: Adults Children (Incl ages)

Email Address:

Contact Numbers: (Ph) (Fax)

Accommodation Requests

Arrival Date: Arrival Time:

Departure Date: Number of nights required:

Room type (rooms are subject to availability)

Hotel Wing - 35 Hobson Street

Superior Room @ \$NZD175.00including GST per room, per night - 1 x full cooked breakfast

Valet Parking @ \$NZD25.00 incl, GST, per night ) Special Rate

Extra Requests

Non-Smoking Smoking Twin Double Single

Extra Bed (Rollaway - \$NZD35+gst per night)

Hotel Check-in times: Check-in time 1400hrs/ Check out time 1000hrs

Pre Registration/Guaranteed Early Check in Before 1400hrs (One Extra Full Nights Charge Applies.)

Credit Card to secure booking: Type: Number:

Exp date: Cardholders Signature:

Guests to settle own accounts on check out. A non-refundable deposit equivalent to one night's accommodation will be charged to guest credit card if the booking is cancelled within 24 hours of the stay.

CONFIRMATION: (Hotel Reservations to complete)
Confirmed Yes No alternative room offered/ fully booked
Room type confirmed or alternative offered
Confirmed dates Confirmation Number
Confirmed by