



James Cook Hotel Grand Chancellor  
147 The Terrace  
(PO Box 2429)  
Wellington  
New Zealand  
Phone: +64 (04) 499 9500  
Web: www.ghihotels.com

## ACCOMMODATION REQUEST

NZILA # 411992

(Accommodation held 15<sup>th</sup> & 16<sup>th</sup> April 2010)

SPECIAL TARIFF APPLIES TO THESE DATES ONLY – extra nights subject to availability

ALL BOOKINGS MUST BE IN BY 12<sup>th</sup> March 2010 TO GUARANTEE AVAILABILITY  
AND NEGOTIATED ROOM TARIFF.

After 12<sup>th</sup> March 2010, all rooms and rates subject to availability and change at time of request.

PLEASE FAX TO: Reservations (04) 499 9800  
OR E-MAIL TO: reservations04@jamescookhotel.co.nz  
OR MAIL TO: 147 The Terrace, P.O. Box 2429. Wellington 6140.

GUEST NAME/S: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

PHONE & EMAIL : \_\_\_\_\_

ARR. DATE: \_\_\_\_\_ ETA: \_\_\_\_\_ DEP. DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

| Room Type   | Rate                   | Request | Preference            | Request |
|---|------------------------|---------|-----------------------|---------|
| STANDARD ROOM<br>Room with double beds.   | \$175 room only rate   |         | Smoking               |         |
|   | \$195 NZILA package ** |         | Non Smoking           |         |
| SUPERIOR ROOM<br>Room with 1 king size bed or 1 double & 1 single bed on high floors.   | \$195 room only rate   |         | Single/Double (1 bed) |         |
|   | \$215 NZILA package ** |         | Twin (2 beds)         |         |
| ** NZILA Package rate includes buffet breakfast for 1, free internet connection (data charged at \$0.10 per megabyte), 10% discount on Tails & Rails tour at the Cable Car Museum.<br>All rates include gst & are per room per night based on single, double or twin occupancy. |                        |         |                       |         |

| METHOD OF PAYMENT  |  |
|--|--|
| Cash or Cheque   | This must be prepaid in full by 1 <sup>st</sup> April 2010.<br>Cheque payment is not accepted upon arrival or departure.   |
| Guest Credit Card  | Cardholder Name _____<br>Card No. _____ Exp ____/____  |
| Other Credit Card  | Cardholder Name _____<br>Card No. _____ Exp ____/____<br>Charges Accepted: Room Only Room & Breakfast Room & Meals<br>Other: _____<br>Cardholder Signature _____<br>If you require a copy of the invoice please indicate a fax or email address here: _____      |
| Company charge back  | This method of payment will require credit facilities to be established. Notice that credit facilities require credit applications to be submitted 30 days prior to day of arrival.<br>Charges Accepted: Room Only Room & Breakfast Room & Meals<br>Other: _____ |
| All guests will be asked to provide a credit card at check-in to guarantee payment of incidentals. If no credit card can be supplied the guest will be asked to provide a \$200 cash bond. |  |

CANCELLATIONS MUST BE MADE TO HOTEL DIRECTLY BY 2PM THE DAY PRIOR TO ARRIVAL DATE TO ENSURE NON ARRIVAL & CANCELLATION FEES ARE NOT INCURRED. FEE EQUIVALENT TO ONE NIGHT'S ACCOMMODATION TARIFF.