

ICWL 2003 ACCOMMODATION BOOKING SLIP

Guest Name:			
Arrival Date :	Departure Date:		
Contact Phone Number:	Fax Number:		
Credit Card Number to Guarentee Bool	cing: Exp I	Date:	
Smoking Room Non	Smoking Room		
Room Type:	No. Nights	Queen	Twin
Standard Superior \$130 room only			
Standard Superior \$145 inc breakfast			
Junior Suite \$235 room only			
King Suite \$250 room only			
Please forward booking slip to Eden Or Fax :03 9820 2553 Email: nvorrias@edenonthepark.com.a			