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Reservation Booking Enquiry Form

50th Annual Meeting of the Australian Mathematical Society Macquarie University Sydney 25-29 September 2006

Please complete this booking enquiry form and fax it to $+$ 61 2 9876 7099. Confirmation of your booking will be either by email or by fax as indicated by you.		
Title – please tick one	First Name	Last Name
Arrival Date/ 09 / 2006	Departure Date	// 2006
Accommodation Requested – please tick		rtment – \$185.00 per night 2 Twin Double/Twir
All reservations require 1 night's accommodation which within 48 hours of arrival will forfeit deposit. All reserv		* •
$\mathbf{Address}$ – please write legibly in block	LETTERS TO AVOID MISINTERPRE	TATION
Number and Street:		
Suburb:	State:	Postcode:
Telephone		
Home: Busine	ss: M	obile:
Email	Fa	IX
Payment Details – please tick \checkmark one		
Amex Diners	Uisa M/C	ard D/Card
Credit Card Number:		
Name on Card:		
Expiry Date:		
Security Code: either last 3 digits on reverse of care or last 4 digits on front for Amex	Signature:	