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RESERVATION BOOKING ENQUIRY FORM

50th Annual Meeting of the Australian Mathematical Society Macquarie University Sydney $25-29 \ {\bf September} \ 2006$

Please complete this booking enquiry form and fax it to + 61 2 9888 9145.

Confirmation of your booking will be either by email or by fax as indicated by you.			
Title – please tick one Prof Dr Mr Ms Mrs Other	First Name	,	
Arrival Date $\ __/\ 09\ /\ 200$	16 Depar	ture Date/_	/ 2006
Accommodation Requested at Rate Single – \$99.00 per night Each room contains a single bed and a double bed, Address – PLEASE WRITE LEGIBLY IN BLO	Double $-$ \$110.00 per , and the room rate depends	r night Triple -	one - \$129.00 per night
Number and Street:			
Suburb:	S	State:	Postcode:
Telephone			
Home: Bus	siness:	Mobile:	
Email		Fax	
Credit Card Details (for Securing F	Reservation only) $-\frac{1}{2}$	please tick one	
Amex Diners	Uisa Visa	\square M/Card	B/Card
Credit Card Number:			
Name on Card:			
Expiry Date:			
	Signatu	ire:	