



**ROOM NO.**  
\_\_\_\_\_

**External Accommodation Booking Form**

Centre for Professional Development (CPD) Charles Sturt University  
Building S17, Panorama Avenue Bathurst NSW 2795

Email: [cpd@csu.edu.au](mailto:cpd@csu.edu.au)

Phone (02) 633 86900 - Fax (02) 633 86950

Arrival Date: \_\_\_\_\_ ETA: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State/Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ State/Postcode: \_\_\_\_\_

No. Adults: \_\_\_\_\_ No. Children: \_\_\_\_\_

**Bedding Preference:** (please tick)  King  Double  Twin (2 single beds)

**Extra Bedding**  sofa/foldout  cot

ROOM RATES	Single	Double	Extra Guests
1 or 2 nights	\$95.00	\$105.00	\$12.00 per Guest
3 or more nights	\$90.00	\$100.00	\$12.00 per Guest

**Room rate per night: \$** \_\_\_\_\_ **Total amount for stay: \$** \_\_\_\_\_

**Payment Method:** (please tick)  Cash  Credit Card  Cheque  
(see below)

**Credit Card Details: (please tick) (DINERS CARDS NOT ACCEPTED)**

Visa  M\C  AMEX

Card No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_  
(Must have signature)

**Comments \ Requests:** \_\_\_\_\_

*Booking Taken by:*  
  
*Date:*

*Booking Entered by:*  
  
*Date:*

*Booking Conf. by:*  
  
*Date:*