



SCECSAL – Group

24 – 30 April 2016

Room Type	Twin Room Sharing Occupancy (2 pax)	
LUGOGO SUN		
R1218 single (Bed & Breakfast only)	Normal Dinner, R241 with a drink	R1 385double (Bed & B/Fast only)
ROYAL SWAZI SPA		
R1 432single (Bed & Breakfast only)	Normal Dinner, R285 with a drink	R1 629 double (Bed & B/Fast only)

GUEST INFORMATION (Please print)			
Surname: _____	Name: _____	Title: _____	_____
Partner's surname: _____	Name: _____	Title: _____	_____
Postal Address: _____			
_____			Postal Code: _____
Facsimile: _____	Telephone: (B) _____	Telephone: (H) _____	_____
ARRIVAL, Date: _____	DEPARTURE, Date: Day: _____		
Room Type: _____	_____		
Hotel Selected:	_____		
Email address	_____		
Guest Signature: _____	Name: _____		

**Credit Card Details: If paying by credit card please complete the following.
Please read the terms and conditions and sign in the space provided above in acceptance thereof.**

Name of Card holder		_____									
Type of Credit Card											
Master Card				American Express		Diners		Visa			
Credit Card Number											
_____		_____		_____		_____		_____		_____	
Expiry Date				CVC Authorization (Digits)				_____			
Signature of Card holder						_____			Date		

Please once completed email to: sanele.langwenya1@suninternational.com & tanele.hlophe@suninternational.com
Fax: 0026824168803
Telephone: 00268 2416 5274 or 00268 2416 5282