

Office of Accommodation Services
T: +61 8 8946 6591
E: accommodation@cdu.edu.au
Casuarina Campus, Brown Precinct
Charles Darwin University
Brinkin NT 0815

INTERNATIONAL
HOUSE
DARWIN

ACCOMMODATION BOOKING FORM – Visiting professionals (group)

Location: International House Darwin (IHD) – Guest apartments

IHD offers 20 self-contained studio guest apartments to meet the accommodation needs of visiting or newly arrived academic and general staff of Charles Darwin University. Visiting staff of Royal Darwin Hospital and parents visiting residents of IHD are also welcome to book a guest apartment. Please use this form to make individual bookings.

Booking details

Arrival date: Departure date:

Organisation:

No. of people:

Comments:

Booking contact

If you are booking a room on behalf of the group, please provide your contact details:

Name: Phone:

Organisation/Faculty/Dept.:

Email:

Conditions of Residence

All residents/guests are required to adhere to the [Terms and Conditions of Residency](#), the [Student Residence Code of Conduct](#), the [Charles Darwin University \(Student Residences\) By-laws](#), the [IHD Resident Handbook](#) and all other [relevant governing documents of the University](#). Upon arrival, residents/guests will be required to sign and accept these documents. If you are booking on behalf of another person please ensure you forward a copy of them to each resident/guest prior to arrival. These documents can be found on our [website](#).

OAS will email you an invoice once your application has been received. Payment is required within two (2) weeks of the arrival date to confirm the booking. If the arrival date is within two (2) weeks of the booking being confirmed, then payment is required within two (2) business days. For group bookings, please read the [Group Bookings Confirmation and Cancellation Terms and Conditions](#).

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Payment options

Organisation will pay invoice

Organisation:

Purchase order number (if applicable):

Accounts contact: Phone:

Accounts email:

Postal address:

Cost code journal transfer

15 digit cost code: ____ / ____ / 375 / ____ / ____

Approver name:

Approver signature:

Guest will pay invoice

Guest details

Please list details for all guests in the group including date of birth.

| First name | Last name | Contact no. | Guest email | Gender | Date of birth |
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