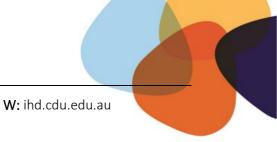
T: 08 8946 6591

M: accommodation@cdu.edu.au



Accommodation Booking Form International House Darwin

If you are booking a room on behalf of the g	guest/s, please provide you	ur contact details:	
Name:			
Phone:			
Organisation/Faculty/Department:			
Email contact:			
☐ Booking for an individual Is the guest a staff member travelling on off	ficial CDU Business?	□ Yes	□ No
Purpose of Stay (provide details):			
Arrival Date:			
Departure Date:			
Name of Guest:			
Name of Partner (if couple are staying):			





	Bookin	g for a gro	pup				
Pur	pose of St	ay (provide	e details):				
		uests in Gr tails for all	<u> </u>				
	First na	me	Last name	Arrival Date	Departure Date	Gender M/F/O	Date of birth
	•	_	and Conditions gree to the Group T	erms and Condi	tions)		
			rior to the date of a a Purchase Order a			equires that a	50% deposit is
		the bookir members,	4 and 1 week prior t ng with a \$50 admir but the accommod cancelled during th	nistration fee ch dation charge fo	arged for any cand reach person will	cellations for a be refunded.	group
		7 days pri	or to the date of arı	rival, the final ba	lance payment m	ust be receive	ed.





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 that you refer the guest to the web page: https://ihd.cdu.edu.au/about/governance where these documents can be found.

Payment options

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*.

☐ Organisation will pay invoice	\square Guest will pay invoice	\square To be invoiced as CDU internal
Accounts contact:		
Postal address:		
Accounts email:		
For CDU Bookings only		
Financial delegate name:		
Financial delegate signature:		
Cost code (Activity & Cost Centre requ	ired):	

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