

Accommodation Booking Form International House Darwn

*N.B. 2x NIGHTS MINIMUM STAY

Booking contact

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

Full Name: _____

Email: _____ Phone: _____

Organisation/Faculty/Department: _____

Purpose of Stay (provide details): _____

Details of Guest/s

(Please list details for all guests)

Name	Surname	Arrival	Departure	Gender	Date of Birth	Kitchen kit	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

Group Booking Terms and Conditions

(Please tick the box to agree to the Group Terms and Conditions)

8 weeks prior to the date of arrival, Accommodation Services requires that a 50% deposit is paid with a Purchase Order attached to confirm the booking.

Between 4 and 1 week prior to the date of arrival, reasonable amendments can be made to the booking with a \$50 administration fee charged for any cancellations for group members, but the accommodation charge for each person will be refunded. If the group booking is cancelled during this time, the deposit will be forfeited.

7 days prior to the date of arrival, the final balance payment must be received.

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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

Guest will pay invoice

Please complete below:

Accounts contact _____

Postal address _____

Accounts email _____

For CDU Bookings only

Financial delegate name _____

Financial delegate signature _____

Cost code (Activity & Cost Centre required) _____