



Trinity College
THE UNIVERSITY OF MELBOURNE

Accommodation Registration Form

Personal details (please print clearly)

First name: _____ Last name: _____ M/F: ____

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Mailing Address: _____

Telephone (home): _____ Mobile: _____

Email Address (please print clearly): _____

Are you (please):

Part of a group/program staying at Trinity College? ALTA/ADCS 2010 _____

Purchase Details

No. of nights _____ @ \$ 65 _____ per night (insert rate) = AUD\$ _____

Optional internet \$10 (up to 7 days) + \$ _____ (\$1 each additional day) = AUD\$ _____
(Please remember to bring your own ethernet cable as not all rooms have wireless)

TOTAL TO BE CHARGED AUD\$ _____

Payment Details

PAYMENT BY Cheque Mastercard Visa AMEX

Card No: _____ Total Amount: AUD\$ _____

Print Card Holder's Name: _____ Expiry Date: ____ / ____

I _____, authorise Trinity College to charge my accommodation costs to my credit card.

Signature _____

OFFICE USE ONLY

Room No: _____

Receipt No. _____

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