

GRADUATE SCHOOL OF BUSINESS ACCOMMODATION 2017 RESERVATION FORM for PROTEA HOTEL BREAKWATER LODGE

(Please mark (X) the department you registered through)

	MBA ☐ MODULAR MBA ☐ EXECUTIVE MBA ☐
	MCOM ☐ EXECUTIVE EDUCATION ☐ PGDIP ☐
Name of Course	/ Programme:
Name of delegat	e:
Mr / Mrs/ Miss:	
Check In Date:	Check Out Date:
Room Type: in room]	Single Share Shower [sharing bathroom with one student of the same sex, desk
desk]	Standard room [en-suite bathroom (shower only), with desk in room] Business Suite [en-suite bathroom (separate shower & bath), lounge area with
Special Requests	Si
Special Dietary Requirements:	
ID / Passport nu	mber:
Please provide the following information if your accommodation is paid by your company. Please note that it is the student's responsibility to ensure payment has been made prior to arrival.	
Person responsible for payment for the accommodation:	
Name: Tel. / Cell: Fax: E-mail: Company: Address:	
VAT Reg No: Signature:	Date:

Protea Hotel Breakwater Lodge: Belinda Betela on Fax: +27 (0)86 589 1966 or email belinda@bwl.co.za









Please complete and sign the reservation form and return to:

