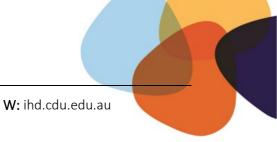
**T**: 08 8946 6591

M: accommodation@cdu.edu.au



## Accommodation Booking Form Katherine Student Accommodation

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





☐ Bookir	ng for a g	roup				
Purpose of S	Purpose of Stay (provide details):					
<b>Details of G</b> Please list de		•				
First na	ame	Last name	Arrival Date	Departure Date	Gender M/F/O	Date of birth
	_	ns and Conditions agree to the Group T	erms and Condi	tions)		
		prior to the date of a h a Purchase Order a			equires that a	50% deposit is
	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.					





## **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: <a href="https://ihd.cdu.edu.au/about/governance">https://ihd.cdu.edu.au/about/governance</a> 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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