Novacon 42 Hotel Form

(9th to 11h November 2012, Park Inn Hotel, Nottingham.)

NOVACON MEMBERS ONLY

Name :					
Address :					
Phone No. :		EMAIL :			
Room: Please	reserve me the foll	owing: (Please	list in order of pr	reference 1 st 2 nd 3 rd .)	
() Double (£43.00 pppn) : I wi	ll be sharing wi	th		
() Twin (£43.00 pppn) : I wi	ll be sharing wi	th		
() Single (£61.00 pppn)				
	nat your sharer mus sible for your part o		nber of the conve	ention. Where rooms a	are shared you
4pm on the day	y of arrival. If you at	re likely to arriv	e at the hotel aft	only guaranteed for a er this time please con our room for late arriv	tact the hotel
NB: The hotel	is completely non-s	smoking, includ	ing all bedroom	s.	
Please send yo	ur form to :				
•	ad, Sheffield, S2 3H es to : steve@altair	-	phone : 0114 28	1 1572.	
Please tick whi	ch nights you wish	to stay in the ho	tel :		
	Frida 2 []09/1			Sunday [] 11/11/12	Monday [] 12/11/12
Please indicate	your preferences b	y deleting as ap	propriate :		
I would like a room in a quiet area if available I require vegetarian meals I need a cot in my room I have the following special requirements :			Yes / No / Don't Mind Yes / No / Don't Mind Yes / No		
reverse of this I wish to book	form if needed.)	detailed above	. I accept that I a	gs as non-feather pillo m wholly responsible room.	

SIGNED: _____

Date: _____