

Accommodation Application

Purpose of Visit	
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Booking Contact Information	
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Name	
Organisation	
Email	
Phone	

Payment Information	
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Payment	Guest	Booking Contact
Cost Centre (ANSTO staff only)		

Synchrotron Visit Information (if applicable)	
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AS Staff Contact	
Beamtime Proposal ID (if applicable)	
Beamtime Spokesperson (if applicable)	

Accommodation Requirements			
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	Person 1	Person 2	Person 3
Full Name			
Telephone Number/s			
Email Address			
Organisation			
Check In Date			
Check Out Date			
Check In Time	<i>Please Note: Check In is strictly available from 2pm</i>		
Room Type <i>(Subject to availability)</i>	Queen Twin Single Room 2 Bedroom Apartment	Queen Twin Single Room 2 Bedroom Apartment	Queen Twin Single Room 2 Bedroom Apartment
Shared Room	Yes, with Person # No	Yes, with Person # No	Yes, with Person # No

Please return completed forms via email to User.Office@synchrotron.org.au