

Novacon 50 Hotel Form

(12th to 14th November 2021) **Palace Hotel, Buxton Spa.**

Name: _____

Address: _____

PhoneNo.: _____

EMAIL: _____

Room: Please reserve me the following:

() Double (£45.00 pppn) I will be sharing with _____

() Twin (£45.00 pppn) I will be sharing with _____

() Single (£60.00 pppn)

* All rates include breakfast.

* Please note that your sharer must also be a member of the convention. Where rooms are shared you will be responsible for your part of the bill.

NB: No deposit is required.

However please note that the hotel will contact you for credit card details to guarantee your room.

So please make sure you give us your contact number.

NB: *the hotel is completely non-smoking, including all bedrooms.*

Please send your form to: 379 Myrtle Road, Sheffield, S2 3HQ or email form to :

membership@novacon.org.uk

Please tick which nights you wish to stay in the hotel :

Thursday	Friday	Saturday	Sunday	Monday
[<input type="checkbox"/>] 11/11/21	[<input type="checkbox"/>] 12/11/21	[<input type="checkbox"/>] 13/11/21	[<input type="checkbox"/>] 14/11/21	[<input type="checkbox"/>] 15/11/21

Please indicate your preferences by deleting as appropriate :

I require vegetarian meals

Yes / No / Don't Mind

I need a cot in my room

Yes / No

I have the following special requirements:

(Please be specific, this section is where you tell us about such things as non-feather pillows, etc.

Use the reverse of this form if needed.)

I wish to book accommodation as detailed above. I accept that I am wholly responsible for my hotel bill, or responsible for my share of the bill if I am occupying a shared room.

As with most UK hotels these days, the Palace Hotel reserves the right to charge you for the room if you cancel within a week of the convention. Please tick to indicate you understand this []

SIGNED: _____

Date: _____