

## ACCOMMODA OKING

Evening Sunday 9 - Tuesday 11 April 2006 Kramer Building, Middle Campus, University Of Cape Town

## WHEN MAKING RESERVATIONS PLEASE MENTION THAT YOU WILL BE ATTENDING SAFE COMMUNITIES CONFERENCE

VINEYARD HOTEL www.vineyard.co.za		SOUTHERN SUN NEWLANDS www.southernsun.com	
Colinton Road, Newlands 7700		Main Road, Newlands 7700	
Contact: UCT Conference Management Centre		Tel. (021) 683 6562 / Fax 683 6794	
Tel. (021) 406 6407 / Fax (021) 448 6263		Email: <u>ibtisaamb@southernsun.com</u>	
Email: mcollin@curie.uct.ac.za		Rates:	
Rates:		Single room	R 845
Single room courtyard facing	R 1045	Double room	R 1120
Single room mountain facing	R 1395	Breakfast included.	
Double room courtyard facing	R 1295	Courtesy hotel transport is provided to and from the conference	
Double room mountain facing	R 1595	venue.	
Breakfast included.			
1% tourism levy to be settled upon departure from the hotel.			
CARMICHAEL GUEST HOUSE www.carmichaelhouse.co.za			
11 Wolmunster Road, Upper Rosebank 7700			
Tel. (021) 689 8350 / Fax (021) 689 8097			
Email: info@carmichael.co.za			
Rates:			
Single room	R 430 per night		
Double room	R 305 per person per night		
Breakfast included.			
Within 10 minutes walking distance of the conference venue.			
LITTLE SCOTIA GUEST HOUSE www.scotia.co.za		DEVONSHIRE HOUSE	
5 Rustenburg Ave, Rondebosch 7700		6 Lovers Walk, Rondebosch 7700	
Tel. (021) 686 8245 / Fax (021) 685 1887		Tel: (021) 686 1519 / Fax: (021) 686 1519	
Email: scotia@new.co.za		Email: devonshire.house@webmaster.co.za	
Rates:		Rates:	
Single room	R 420 per night	Single room	R 415
Double room	R 275 per person per night	Double room	R 550
Breakfast included.		Breakfast included.	
Within 5 minutes walking distance of the conference venue.		Within 10 minutes walking distance of the conference venue.	

## Deadline for accommodation bookings is 1 February 2006

Please note that if you would like to stay at the Vineyard Hotel, your full accommodation payment should be made before 1 February 2006 to the Conference Management Centre together with registration fees (this only applies to the Vineyard Hotel).

	First Name	9	Surname / Family Name
Prof/Dr/Mr/Mrs/Ms			
Address:			
			Postal Code:
Tel:		.Fax:	
Mobile:		.E-Mail:	
I require accommodation at		.arriving	departing = nights.
MasterCard □	Visa □	Diners Club □	Amex □
Card Number:		. Expiry Date:	CVC No (last 3 digits at the back)
Signature			