



Participation Form for Australia Independent FAM Program

Company name: _____

Contact person: _____

Email address: _____

Company address: _____

Phone number: _____

Fax number: _____

Webpage address: _____

Please one category:

3-star hotel 4-star 5-star hotel

Property Name: _____

Seasonality (dates)	Rate per room			Tax %
	Single	Double	Triple	

- ◆ Minimum discount of 50%.
- ◆ Valid period is January 2007- December 2007.
- ◆ Maximum of three seasons.

Blackout periods: _____

Description of Property or attraction: _____

DEADLINE for participating is Dec 15th, 2006.