

GIFT CARD ORDER FORM

Sheraton on the Park Gift Card – an exciting gift option Simply fill in the details and return to Sheraton on the Park and let us do the rest Please either fax form to (02) 9286 6830 or email <u>HealthClub.00140@sheraton.com</u> For any further queries please do not hesitate to contact us on (02) 9286 6830

Purchasers Name:	Date of Purchase:
Email:	Telephone:

Gift Card Recipient Details (please select one option)

(For Gift Card purchases to be sent out via post (Express/Registered) – please complete the below details)

Full Name (of person receiving the Express/Registered mail): _____

Address (of person receiving the Express/Registered mail):

(For Gift Card purchases to be collected at the hotel – please complete the below details)

Full Name (of person collecting the Gift Card): _____

Contact Phone Number (of person collecting the Gift Card): _____

Value on Gift Card: \$ _____

* Express tracked Post – an addition \$7 delivery charge will be added to this amount

Terms and Conditions:

Please note the Gift Cards are managed by a third party company – Gift Card Planet. The original gift card posted to the recipient of Sheraton on the Park must be presented on redemption. Copies or expired vouchers will not be accepted.

- Once the form has been received by Sheraton on the Park, a team member will contact you shortly to arrange payment
- This card can only be used once
- This card cannot be redeemed for change or cash
- This card is governed by conditions of use and cannot be used to withdraw cash
- To check the balance, card expiry and full conditions of use go to <u>www.giftcardplanet.com.au</u>
- This card expires 12 months from the date of purchase
- There are no refunds if the card is lost or stolen
- This card can only be used at Sheraton on the Park's Eftpos facilities
- The validity of the card (12 months) cannot be extended

Acceptance:

I completely understand and accept all terms and conditions associated with the purchase of the above Gift Card from Sheraton on the Park

Signature:	Date:	
Office Use Only:		

Amount on Card	
Date of Purchase	
Method of payment	
Gift Card Serial Number and 4 digit pin	