

HOTEL RESERVATION FORM

The 10th International Meeting of Asian Society of Conversation Medicine
19th to 24th October 2017

Attention :

Pauline Chong
Kuching Central Sales Office
c/o Grand Margherita Hotel
Jalan Tunku Abdul Rahman
93100, Kuching
Tel : 60 82 532 111
Fax : 60 82 236 041
Email : Pauline@centraloffice.my

RESERVATION DETAILS :

Room Rates :

No of rooms

RM 250.00 nett per room with breakfast for one or two person ()
RM 315.00 nett per room with breakfast for three person and extra bed ()

Goods & Service Tax

The above rates offered are based on the current government taxation policy. In the event of change, the Hotel reserves the right to amend any rates quoted accordingly to reflect the new tax rate gazette by the Malaysian Government

FULL NAME : _____

SHARER NAME : _____

Arrival date : _____ Departure Date : _____

Flight details : _____ Flight Details: _____

COMPANY NAME _____

ADDRESS : _____

CITY : _____ Country : _____

NATIONALITY : _____ Passport number : _____

CONTACT NO : _____ FAX : _____

EMAIL : _____

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My account will be settled by :

Credit Card : Amex () VISA () MASTER ()

Credit card payment usage :

Card Holder : _____

Card Number : _____

Expiry Date : _____

Security code : _____

For telegraphic transfer refer below the following bank details :

Payee Name : Kuching Hotels Sdn Bhd
Name of bank : Malayan Banking Berhad
Address : Level 1, Bangunan Satok Jalan Satok
93400, Kuching . Sarawak , Malaysia
Account number: 5-11113-424130
Bank swift code : MBBEMYKL

Note

The above credit card will be use for guaranteed booking and should guest like to make full payment via credit card, kindly use the credit card authorization form as attach for Hotel to charge from the details provided .

Dear Guest , Please take note below the following :

1. Check In time will be after 4.00pm
2. Check Out time will be 12.00noon
3. Your complete address is required by law under the Hotel Licensing Regulation
4. I agree that I am personally liable for the payment of the above statement and if the person company or association indicated by me as responsible for payment does not do so, I shall be liable for the full payment .

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5. Full cancellation charges will be levied for guaranteed reservation , if cancellation less than 07 days or failing to inform the hotel of No – Shows
- 6 Amendment to room reservation must be make 48 hours prior to arrival date and if fail to do, hotel has the right to charge 01 night cancellation for guaranteed reservation .

I hereby agree with the above mention and confirm my reservation as below signature and company stamp:

Signature : _____

Company stamp: _____

Date : _____