



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

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.

RESERVATION DETAILS :

FULL NAME : _____
SHARER NAME : _____
ARRIVAL DATE : _____ DEPARTURE DATE : _____
Flight details : _____ Flight Details: _____
COMPANY NAME _____
ADDRESS : _____
CITY : _____ COUNTRY : _____
NATIONALITY : _____ Passport number : _____
CONTACT NO : _____ EMAIL : _____

My account will be settled by :

Riverside Majestic Hotel
(Owned by Sejadu Sdn Bhd ó Co. No. 170777-M)
(A member of SEDC Sarawak Group of Companies)
Jalan Tunku Abdul Rahman, P O Box 2928, 93756 Kuching, Sarawak, Malaysia
Tel: +60 (82) 247777, 532222 Fax: +60 (82) 425858
email: contact@rmh.my Website: www.riversidemajestic.com



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Credit Card : Amex () VISA () MASTER ()
LPO () Kindly forward us the LPO upon confirmation reservation

Card Payment usage only :

Card Holder : _____
Card Number : _____
Expiry Date : _____
Security code : _____

For telegraphic transfer refer below the following bank details :

Payee Name : SEJADU SDN BHD
Name of bank : Hong Leong Bank Berhad
Address : Lot 122-123, Jalan Song Thian Cheok
93100 Kuching
Account number: 364 0000 3900
Bank swift code: HLBBMYKL

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 .
7. Kindly present ID upon check in to reception to entitle special rates for government servant .

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

Signature : _____

Company stamp: _____

Date : _____