

HOTEL RESERVATION FORM



ASEAN RUBBER CONFERENCE 2008

Please duplicate form for additional delegates

Title Mr. Mrs. Ms. Dr. Others (specify) : _____

Name (as per passport) |_____

Email |_____

Date of Birth | D D / M M / Y Y Y Y |

Passport No. |_____

Date of Issue | D D / M M / Y Y Y Y |

Country of Issue |_____

Expiry Date | D D / M M / Y Y Y Y |

Company |_____

Address |_____

|_____

City/State |_____

Postcode |_____

Country |_____

Telephone* |_____

Fax* |_____

*(Please include country and area code)

HOTEL ROOM RESERVATION

Choice of Hotel:
*(Please specify name of the hotel.
Reservation is for approved ARC 2008 Hotel only)*

Rate Per Room Per Night
(Please specify rate)

Check-In Date

Check-Out Date

Room Type:

Single Twin- Sharing

For Twin-sharing room, please provide full name of room-mate:

Title Mr. Mrs. Ms. Dr. Others (specify) : _____

Name: |_____ |
(as per passport)

Cancellations must be made to your choice of hotel in writing before 23 May 2008.
Cancellations made subsequently will be charged with cancellation fees.

MODE OF PAYMENT

Reservation of hotel rooms is on first-come-first served basis. Reservation will only be made upon receipt of this reservation Form. Credit Card payments for hotel accommodation are charged in USD or Php. Payment is to be made to the hotel specified by you and charge to your Credit Card account indicated below.

CREDIT CARD (USD or Php)

Visa Master (3 digit Security Code Number - on back of card |____|)

I hereby authorized USD/ Php _____ to be charged to my credit card below for the hotel reservation.

* 3% administrative charges will be imposed on top of the total amount.

Name : _____ (as appears on card)

Credit Card No. : _____ Expiry Date : _____

Signature : _____ *(Signature must correspond with the specimen signature of the Card Account) Date : _____