HOTEL RESERVATION FORM

ASEAN RUBBER CONFERENCE 2009

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

Name (as per passport)

Email

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

Job Title

Company

Address

City/State | Postcode

Country

Telephone* | Fax*

*(Please include country and area code)

HOTEL ROOM RESERVATION

Choice of Hotel: (Please specify name of hotel. Reservation is for approved ARC 2009 hotels only)			
Single or Twin-Sharing (Please Specify)		**Rate Per Room Per Night** (Please specify Rate)	
Check-In Date		**Check-Out Date**	

For Twin-Sharing room, please provide full name of room-mate: *(as per passport)*

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

Name

Cancellations must be made to your choice of hotel in writing before 05 June 2009. 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. Payment is to be made to the hotel specified by you and charge to your Credit Card account indicated below.

☐ **PAYMENT BY CREDIT CARD (USD)**

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

Credit Card: ☐ Visa ☐ Master (3 digit Security Code Number - on back of card_____)

Name : _____ (as appears on card) Credit Card No. : _____

Expiry Date : _____ Signature : _____ Date : _____

(Signature must correspond with the specimen signature of the Card Account)