

HOTEL RESERVATION FORM  
Association For Tropical Biology And Conversation Conference 2018  
30<sup>th</sup> June to 06<sup>th</sup> July 2018

**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](mailto:pauline@centraloffice.my)

**RESERVATION DETAILS :**

<b>Room Rates:</b>	<b>No of Rooms</b>
Superior Single at RM 242.00 nett per room with breakfast for 01 person	( )
Superior Twin at RM 264.00nett per room with breakfast for 02 person	( )
Deluxe Single at RM 264.00nett per room with breakfast for 01 person	( )
Deluxe Twin at RM 286.00nett per room with breakfast for 02 person	( )

**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 : \_\_\_\_\_