Form A

Hotel Reservations Form

2ND INTERNATIONAL CONFERENCE
ON MANAGING RIVERS IN THE 21ST CENTURY 2007
6-8 JUNE 2007

CROWNE PLAZA
RIVERSIDE KUCHING

Attention: Kay Supit
Sales Executive
Kuching Central Sales Office
C/o Crown Plaze Riverside Kuching
Jalan Tunku Abdul Rahman
P.O. Box. 2928
93756 Kuching
Sarawak

Tel: 082 – 423 111
Fax: 082 – 258 337
Email: kay@hik.com.my

Note: Kindly make reservation to the above address by of before 9 January 2007. After which all booking are subject to room availability based on hotel's prevailing rates

Special Convention Rates

(Applicable for Participants from Malaysian Government Departments)

Convention Hotel
Crowne Plaza Riverside Kuching

	Single	Twin/Double
[ ] Superior Room	[ ] RM 151.80 Nett	[ ] RM 171.10 Nett
[ ] Deluxe Room	[ ] RM 189.75 Nett	[ ] RM 208.75 Nett

1) *The above NETT rates quoted are inclusive of 5% Government Tax & 10% Service Charge with daily breakfast(s).*
2) *Kindly produce Government I.D upon check-in for verification. Failing which – Hotel's Prevailing Rates will apply.*

Arrival Date: _____ / JUNE / 2007 Departure Date: _____ / JUNE / 2007

Estimated Arrival Time: _____ a.m/p.m (All booking must be guaranteed full payment by Credit Card or Cash)

Mode of Transportation: [ ] Car No. _____ [ ] Flight No. _____ [ ] Others _____

Name: _____ Company: _____

Sharer Name: _____
(For Twin-sharing/Double basis – if any)

Address: _____

City: _____ State: _____ Country: _____

Nationality: _____ Passport No. / NRIC No. _____

Date of Birth: _____/_____/_____ Frequent Flyer Program No: _____

Special Services: _____ Designation: _____

Notices: _____

Phone : (0) _____ Fax: _____ Email: _____

Special Requests: _____ Prefer Non-Smoking Room _____

_____ Others (Specify) _____

My account will be settler by:
[ ] Cash [ ] Amex [ ] Visa [ ] MC [ ] DC

Card Number: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] Expiry Date: _____/_____

Verification Number: [ ][ ][ ][ ]

Dear Guest,

Please note the following:

A. Check In Time: 2:00pm
B. Check Out Time: 12:00noon
C. Your complete address is required by law under the Hotel Licensing Regulation.
D. Under Section 4 of the Inn Keepers Ordinance No. 16 of 1952, the Hotel will not held responsible for any valuables or monies left by guest in their rooms.
E. 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 of the same does not do so, I shall be liable for the full payment.
F. Full cancellation charges will be levied for guaranteed reservation, if cancelled less than 14 days or failing to inform the hotel of no-shows.

_____ _____ _____
Signature of Guest Associate Date

c.c.: LIM LANG SING- Reservation CPRK