

Form B

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



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 RatesConvention Hotel**Crowne Plaza Riverside Kuching**

		Single	Twin/Double
<input type="checkbox"/>	Superior Room	<input type="checkbox"/> RM 190.00 Nett	<input type="checkbox"/> RM 190.00 Nett
<input type="checkbox"/>	Deluxe Room	<input type="checkbox"/> RM 210.00 Nett	<input type="checkbox"/> RM 210.00 Nett

1) *The above NETT rates quoted are inclusive of 5% Government Tax & 10% Service Charge with daily breakfast(s).*

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