Hotel Reservations Form

WACANA PENDIDIKAN ISLAM PERINGKAT KEBANGSAAN SIRI KE - 6
25 - 27 JULY 2008

Holiday Inn HOTELS · RESORTS KUCHING

Attention: **Eleanor Michael**
Meetings Planner
Kuching Central Sales Office
C/o Holiday Inn Kuching
Jalan Tunku Abdul Rahman
P.O. Box. 2928
93756 Kuching
Sarawak

Tel: **082 - 423 111 ext 1184**
Fax: **082 - 236 041**
Email: eleanor.michael@cprk.com.my

Note: **Kindly make reservation to the above address by or before *Tuesday, 20 May 2008.* After which all bookings are subject to room availability based on hotel's prevailing rates.**

Special Convention Rates

(Applicable for Participants from Malaysian Government Departments)
Please tick (x) for your choice of hotel, room type & rate as follows:

Convention Hotel
HOLIDAY INN KUCHING

		Single	Twin sharing
☐	**Standard Room**	☐ RM166.75Nett	☐ RM230.00Nett
☐	**Deluxe Room**	☐ RM195.50Nett	☐ RM250.00Nett

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.
3) Government Service Order is only applicable for minimum of 5 rooms and above

Arrival Date: _____ **/ JULY /2008** **Departure Date:** _____ **/ JULY /2008**

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: (O) _____ **Fax:** _____ **Email:** _____

Special Requests: _____ **Prefer Non-Smoking Room** _____

_____ **Others (Specify)** _____

My account will be settled 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 guests 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/ Henry Sia - Accounts