

41st Annual Dermatology Conference 2016 15th – 18th SEPTEMBER 2016

HOTEL RESERVATIONS FORM

Accommodation at a special rate has been reserved at **Ariva Gateway Kuching Serviced Residence** for the above event. All reservations are required to be guaranteed with credit card details.

Guest Full Name	:				
Mobile No	:		Email Address	:	
Check In Date	:		Arrival Time / ETA	:	
Check Out Date	:		Departure Time/ ETD	:	

(Please select your preferred room category as below. Please take note that 1 form is for 1 room booking only.)

Select (/)	Category & Rate	Room Description
<input type="checkbox"/>	Superior Room (1 x King Bed) RM 160.00Nett per room/night	Inclusive of continental breakfast for up to 2 persons per room. Feature: Private balcony
<input type="checkbox"/>	Superior Room (1 x Twin Bed) RM 160.00Nett per room/night	Inclusive of continental breakfast for up to 2 persons per room. Feature: Private balcony
<input type="checkbox"/>	Deluxe 2-bedrooms Apartment (Queen + Twin Bed) RM 295.00Nett per room/night	Inclusive of continental breakfast for up to 4 persons per apartment. Feature: Washing machine and dryer, kitchen with fridge, toaster and microwave, living room, dining area, 1 shared bathroom/toilet
<input type="checkbox"/>	Deluxe 2-bedrooms Apartment (King + Queen) RM 295.00Nett per room/night	Inclusive of continental breakfast for up to 4 persons per apartment. Feature: Washing machine and dryer, kitchen with fridge, toaster and microwave, living room, dining area, 1 shared bathroom/toilet

Terms and Condition:

- Cancellation of rooms 72 hours prior to arrival date will incur a one (1) night Cancellation Fee
- Any No Show on the arrival day will subject to a one (1) night penalty charge.
- Check in time is 2PM onwards and check out time is at 12Noon
- Early check in is subject to room availability on the arrival day.
- The availability of each rooms category are limited. Hotel will notify you should the category is no longer available at time of booking.

KINDLY RETURN THE COMPLETED FORM BEFORE 26th AUGUST 2016

Bookings after this date are subject to availability and based on standard rate.

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CREDIT CARD DEBIT AUTHORISATION FORM

Date: _____

I hereby authorize Ariva Gateway Kuching:

To deduct RM _____ from my credit card in payment / deposit of room charges for the upcoming 41st Annual Dermatology Conference 2016 (15th – 18th September 2016) as follows:-

CREDIT CARD DETAILS AS FOLLOWS:

Card Number : _____

Expiry Date : _____ Verification Number _____

Cardholder's Name : _____

Card Identification: Master Card Visa Diners Others (Pls specify) _____

Issuing Bank : _____

Signature of Cardholder : _____

Remarks: Please attach a photocopy of both sides of the card

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Contact Person : Ms Myla Avon David (Sales & Marketing Dept) / Ms Marie Sandie (Reservations Dept)

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