

NOVOTEL BANGKOK SUKHUMVIT 4
RESERVATION FORM
IB Global Conference, Bangkok 2020
16th – 19th March 2020

Complete the form and fax or e-mail to:

Ms. Orawan Vicharnarong Group Director of Sales - Corporate Novotel Bangkok Sukhumvit 4	Tel: 66 (2) 874 7180 Fax: 66 (2) 874 7139 E-mail : Orawan.vicharnarong@accor.com
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Name (Mr/Mrs/Ms/Dr): _____

(Surname/Family Name)

(First Name)

Share with (for Double Occupancy only):

Name (Mr/Mrs/Ms/Dr): _____

(Surname/Family Name)

(First Name)

Telephone : _____ Fax : _____

Email : _____

Arrival Date : _____ Flight No: _____ Time: _____

Departure Date : _____ Flight No: _____ Time: _____

Special Request Details : _____

PLEASE INDICATE YOUR ROOM PREFERENCE. (Room space is subject to availability.)

NOVOTEL BANGKOK SUKHUMVIT 4		ROOM RATE WITH BREAKFAST
Deluxe Room <input type="checkbox"/> Single <input type="checkbox"/> Twin/Double room		THB 3,350 nett / room / night

- The above rates are inclusive of breakfast for single or double occupancy.
- The above rates are inclusive of 10% service charge and government tax.
- Complimentary Wi-Fi- internet access in room

Reservation procedures: Check in time is after 14:00 hrs. and check out time is 12:00 hrs. (noon) Extension after this time are subject to hotel availability. If you anticipate an early or late departure, Please notify reservation at the time of reservation or upon arrival at the hotel. Upon check in, guest will be required to confirm and initial the departure date listed on their reservation card.

No show / Cancellation: A "no show" charged of whole period will be charged by hotel for all non materialized reservations, unless cancellation is received in writing by fax or email with a minimum of 7 days notice is required.

TERM OF PAYMENT:

- Guest own personal account by credit card.
- Others _____

PLEASE PROVIDE THE FOLLOWING CREDIT CARD DETAILS. THE HOTEL REQUIRES SECURITY OF PAYMENT TO GUARANTEE AVAILABILITY OF YOUR HOTEL ROOM. IF CREDIT CARD DETAILS ARE NOT AVAILABLE, PLEASE CONTACT THE HOTEL FOR ALTERNATIVE PAYMENT ARRANGEMENTS.

Please charge to <input type="checkbox"/> VISA, <input type="checkbox"/> MasterCard, <input type="checkbox"/> American Express, <input type="checkbox"/> Diners, <input type="checkbox"/> JCB	
Card No:	_____
Expiration Date:	_____
Card Holder's Name:	_____
Card Holder's Signature:	_____