IBIS BANGKOK SIAM HOTEL RESERVATION FORM

2nd Annual AALA International Conference

May 1 & 2 ,2015

Complete the form and fax or e-mail TO :

Mrs. Natchamon Chatprayong **Group Sales Larder**	**Tel: (66 2) 659 2857 | Fax: (66 2) 659 2869** **E-mail: Natchamon.CHATPRAYONG@accor.com;**

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: _____

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

ROOM TYPE	ROOM RATE WITH ABF:
Standard room ☐ single ☐ twin room	**THB 2,400 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.
- Free internet access in room

Reservation procedures: Check in time is after 14:00 hrs. and check out time is 1200 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 1 night at the room rate will be charged by ibis Bangkok Siam Hotel for allnon materialized reservations, unless cancellation is received in writing by fax or email no later than 72 hours prior to arrival, except during peak season when a minimum of 14 days notice is required.

TERM OF PAYMENT:

☐ Guest Own Personal account upon departure by cash or credit card. ☐ Others _____

☐ **New Booking** ☐ **Amendment** ☐ **Cancellation** ☐ **Special Request**

Special Request Details _____

(eg non-smoking or smoking, double or twin bed, transportation etc):

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 ☐ VISA, ☐ MasterCard, ☐ American Express, ☐ Diners, ☐ JCB	
Card No:	
Expiration Date:	
Card Holder's Name:	
Card Holder's Signature:	