



12th Scientific Meeting of the Malaysian Society of Transplantation

31 July - 1 August 2009 Holiday Inn Malacca

"Towards Ethical Practice in Transplantation"

HOTEL RESERVATION FORM

Fax this form **DIRECTLY TO THE HOTEL** before 20 July 2009

Attention: Ms. Noraine Noor @ Fax: +606-285 9110 / Tel: +606-285 9180

Name	:	_____
Organisation	:	_____
Address	:	_____ _____
Tel	:	_____ Fax : _____ Email : _____
Check In Date	:	_____ Check Out Date : _____
<input type="checkbox"/> Self Drive		<input type="checkbox"/> By Flight
Require Airport Transfer:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Airport Transfer :	<input type="checkbox"/> KLIA to hotel (RM180 nett per car) <input type="checkbox"/> Hotel to KLIA (RM160 nett per car) • 50% surcharge will be applied for transfer between 11.00 pm to 6.00 am	
My Flight details :	Arriving to KUL from : _____	Departing from KUL : _____
	Arrival Date : _____	Departure Date : _____
	ETD/ETA : _____	ETD/ETA : _____
Room :	<input type="checkbox"/> Deluxe Single – RM240nett per room per night with 1 breakfast. <input type="checkbox"/> Deluxe Twin Sharing – RM260nett per room for per night inclusive of 2 breakfast. <input type="checkbox"/> Deluxe Triple Sharing – RM310nett per room per night inclusive of 3 breakfast. <input type="checkbox"/> Club room – RM380nett per room per night inclusive of 1 breakfast.	
	<ul style="list-style-type: none">• The above rate quoted are inclusive of breakfast, 10% service charge and 5% government tax.• Confirmation is subjected to room availability upon reservations.• Rooms may be cancelled 48 hours prior to arrival without penalty. Should you not cancel your reservation, and you fail to show on the designated arrival date, your credit card will be charged for one night accommodation.	
Please provide credit card information to guarantee your room reservation above.		
I, _____ authorize "Holiday Inn, Melaka" to charge the total amount due to this credit card:		
Cardholder Name	:	_____
Type of Card	:	_____
Card number	:	_____
Expire date	:	_____
Last 3 digit	:	_____ (as appears on back of credit card)
Signature	:	_____ (as appears on card)
	<ul style="list-style-type: none">• Kindly photocopy both sides of the card and fax together with this form.• Only complete forms will be accepted and confirmed.	