

**THE 11TH INTERNATIONAL FUNDAMENTAL SCIENCE CONGRESS
UNIVERSITY PUTRA MALAYSIA
30-31 OCTOBER 2019**



PALM GARDEN HOTEL
101 RESORT

To : Reservation Department
Fax : 603 8943 1122
Email: rm@palmgarden.com.my
reservation@palmgarden.com.my

Confirm

Tentative

FIT RESERVATION FORM

Reservation Amendment Cancellation Date: _____

Confirmation No. _____

Guest Name : _____ **Caller's Name:** _____

Company: _____ **Contact No :** _____ (tel) _____ (fax)

E-mail Add: _____ **Returnee:** _____ (Total no. of visits)

Arrival Date: _____ **Arrival Time :** _____ hrs **Departure Date :** _____

Flight Details: _____ (Flight no.) _____ (Arrival time) _____ (Departure Time)

Accommodation Information and Special Request

| Room Type | No. of rooms | No. of Pax | Room inclusive 1 breakfast | Additional Breakfast @ RM25.00nett/person | Rate Code | Special Arrangements |
|--------------------|----------------------|----------------------|----------------------------|---|----------------------|----------------------|
| Heliconia Twin | <input type="text"/> | <input type="text"/> | RM235.00nett | <input type="text"/> | <input type="text"/> | _____ |
| Orchid Single/Twin | <input type="text"/> | <input type="text"/> | RM285.00nett | <input type="text"/> | <input type="text"/> | _____ |
| Anthurium Suite | <input type="text"/> | <input type="text"/> | RM385.00nett | <input type="text"/> | <input type="text"/> | _____ |

Smoking Room Early arrival: _____ (hrs)

Non Smoking Late check out: _____ (hrs)

* For any early arrivals, we would require to secure the rooms one night before and chargeable at FULL ROOM RATE per room per night
 * For late check out **before 6pm, HALF ROOM RATE per room per night** would be appreciated.
 * For late check out **after 6pm, FULL ROOM RATE per room per night** would be implemented.
 * Additional Breakfast chargeable at RM25.00nett per person.

Billing and Reservation Instruction

Mode of payment: Personal Account

GTD by: Credit Card

CREDIT CARD AUTHORISATION FORM FOR THE PAYMENT OF ROOM

I, _____ **NRIC/Passport No:** _____ **hereby undertake to**
pay the following hotel charges of RM _____

Cancellation must be made in writing and will be valid only upon receipt of confirmation from Hotel.

The following policy charges will apply:

Cancellation & amendment is allowed 07 days prior to arrival date.
First night penalty charges will apply for Non-show or late cancellation.

Please debit my credit card account accordingly for the above charges incurred:

Signature as per credit card _____

Type of credit card : _____

Credit card number : _____

Visa/Master ID number : _____

Expiry date : _____

Cardholder's address : _____

Cardholder's Telephone number : _____

Remarks : _____

Please enclose photocopy of front and back of credit card with cardholder's specimen signature on credit card.
Complete form with the valid credit card will be reply by the confirmation.

| | | |
|------------------|----------------------|--------------------|
| House Use | <input type="text"/> | Remarks: _____ |
| Comp | <input type="text"/> | _____ |
| Upgrade | <input type="text"/> | _____ |
| Special Rate | <input type="text"/> | _____ |
| Recommended by : | _____ | Approved by: _____ |
| | Name | Hotel Manager |

| |
|--------------------|
| Taken by: _____ |
| Date: _____ |
| Keyed in by: _____ |
| Date: _____ |