



IBIS STYLES BANGKOK SUKHUMVIT 4 HOTEL RESERVATION FORM

International Conference on Biodiversity 2019 at CentralWorld

Complete the form and send e-mail to;

Ms. Pawarisa Meekam Sales Manager Ibis Styles Bangkok Sukhumvit 4	Tel : 66 (2) 080 5488 or 66 (81) 942 5548 Fax : 66 (2) 080 5389 E-mail: Pawarisa.MEEKAM@accor.com or H7295-SM@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.)

BED TYPE	ROOM RATE with breakfast
<input type="checkbox"/> Single Room <input type="checkbox"/> Twin room	__ Standard room THB 1,853.78 nett / room / night

- The above rate is inclusive of breakfast for single or double occupancy.
- The above rate is inclusive of 10% service charge and government tax.
- Free internet access in room, Parking, **Fitness Center and Swimming Pool.**

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.

Cancellation / No show:

- No cancellation charge if cancellation before 3 days in advance.
- Cancellation after 3 days, 1 night charge will be apply.
- No show charge of 1 night at the room rate will be charged by **ibis Styles Bangkok Sukhumvit 4** for all non materialized reservations.

TERM OF PAYMENT:

Guest Own Personal account upon departure by Cash or Credit card.

New Booking Amendment Cancellation Special Request

Special Request Details _____

(Example; 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 <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:	_____