

Hotel Reservation Form

HIA 2008 Conference and Training Courses

1. Personal information

Name: _____ Lastname _____

Organization _____

Contact Address: _____

City: _____ Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Check-In Date: _____ Check-Out Date: _____

Arriving By: _____ Flight No. _____

2. Reservation

2.1 The Empress Hotel (Tel. 66 (0)53 253199 contact reservation section)

- | | |
|---|--|
| <input type="checkbox"/> Superior Room 1,600 Baht/Room/Night | <input type="checkbox"/> Deluxe Room 2,100 Baht/Room/Night |
| <input type="checkbox"/> Executive Suite Room 4,500 Baht/Room/Night | <input type="checkbox"/> Extra Bed 600 Baht/Bed/Night |

2.2 The Park Hotel (Tel. 66 (0)53 2280080 contact reservation section)

- | | |
|---|--|
| <input type="checkbox"/> Superior Room 1,200 Baht/Room/Night | <input type="checkbox"/> Deluxe Room 1,700 Baht/Room/Night |
| <input type="checkbox"/> Executive Suite Room 4,000 Baht/Room/Night | <input type="checkbox"/> Extra Bed 500 Baht/Bed/Night |

2.3 Downtown Inn (Tel. 66 (0)53 280080 contact reservation section)

- | | |
|--|--|
| <input type="checkbox"/> Superior Room 1,200 Baht/Room/Night | <input type="checkbox"/> Deluxe Room 1,700 Baht/Room/Night |
| <input type="checkbox"/> Extra Bed 500 Baht/Bed/Night | |

Remark: These prices included ABF

3. Types of bed

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Single bed | <input type="checkbox"/> Twin bed |
|-------------------------------------|-----------------------------------|

4. Preference meal

- | | | |
|---------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Muslim |
|---------------------------------|-------------------------------------|---------------------------------|

5. Method of payment:(by Credit Card only)

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> Master |
|-------------------------------|---------------------------------|

Credit card no. _____ Exp.Date: _____

Authorized signature _____ 3 digits no. _____

6. Special Request : _____

*** Please send this registration form to

The Empress Hotel 66 (0) 53-253 199 or angleole@hotmail.com

Confirm your booking before October 30,2008