

Annual Dialysis Meeting on 27 – 28 October 2018 HOTEL RESERVATION FORM

Accommodations at special rates have been reserved at V E Hotel & Residence, Bangsar South for **Annual Dialysis Meeting on 27 – 28 October 2018**. Reservation form should be sent directly to us to secure your room reservations. Please email this booking form to the contact details as stated below.

Room Type	Size (Sqm)	Room Rates	Number of		No of Units
			Adult	Child	
Deluxe Room	30-38	RM 270.00+ (RM 286.20nett) p/room p/night with 2 breakfasts			

- Note:**
- Room rates quoted are subject to 6% Goods & Services Tax (GST)
 - Room rates quoted are exclusive of Tourism Tax of RM10nett p/room p/night for Non-Malaysian passport holder
 - Room rates quoted are valid for stay between **27 to 28 October 2018 only**
 - Room rates quoted are valid for booking received **on or before 05th October 2018 only**. A prevailing rates will be applied should the reservation receive after the due date.
 - Bedding configuration will be subject to availability upon check in
 - Check-in time is from 1400hrs onwards and Check-out time is before 1200hrs
 - Half Day charges will be applied for late check out till 1800hrs. Full Day charges will be applied for late check out beyond 1800hrs. Late check out request is subject to availability
 - There is no room allotment being reserved and the booking confirmation will be subject to availability upon reservation.

Guest Name

No	First Name	Surname	Check in Date	Check Out Date	Remarks / Special Request

Telephone / Mobile Number : _____ E-mail : _____

Cancellation / No Show

****No Booking will be accepted without full booking details & credit card details. Any cancellation made less than 48hours (** To change based on the contract agreement) or "No-show", a cancellation fee equivalent to the value of the entire stay will be levied.**

Payment

**** Full advanced payment of accommodation is required upon confirmation.**

CREDIT CARD DETAILS

I/We, hereby authorised V E Hotel & Residence, Bangsar South (Owned by UOA Hospitality Sdn Bhd) to charge my / our credit card for the room reservation above. Below are the details of the credit card.

Card Holder's Name on Card : _____

Credit Card Type : Visa **Master** Amex JCB China Union Pay

Credit Card No: _____

Expiry Date : _____

Banks' Name on Card: _____

Issuer Origin: _____

Billing Address: _____

Pursuant to the 'Personal Data Protection Act 2010' which has been enforced on Nov 15, 2013, we are currently undertaking an exercise to comply with the Act. The criteria of the "Act" is we require your agreement to allow us to process your personal data hence by signing this notice, you are agreeable to this process to take place

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Signature of card holder

E-MAIL THIS HOTEL RESERVATION FORM TO:

Reservation Team
Tel: +60 3 2246 2891
E-mail: reservations@vehotel.com