

Try Us, You'll Love It

HOTEL RESERVATION FORM

INTERNATIONAL ASSOCIATION OF SUICIDE PREVENTION (IASP) 2017 $17^{th}\,July~2017-22^{nd}\,July~2017$

Attention: Tel : Hp : Fax : Email : Note: All book	Kuching Central Office C/O Grand Margherita Hotel Jalan Tunku Abdul Rahman 93100 Kuching, Sarawak el : 60 82 532 111 ext 1208 p : 60 16 866 8220 ex : 60 82 236 041 () Supe		rior Single at RM200.00nett per room per night with 01 breakfast rior Twin at RM235.00nett per room per night with 02 breakfast re Single at RM250.00nett per room per night with 01 breakfast re Twin at RM285.00nett per room per night with 02 breakfast	
Name :				
			NRIC No:	
_		-		
Tel:	Fax :		Email:	
Company Nar	me :			
Address :				
City :	State :		Country :	
Arrival Date :	Flight No	:	ETA:	
Arrival Date : Flight No:		ETA:		
My account w	rill be settled by:			
() CASH () AMEX () VISA () Masterca		Mastercard	** I hereby authorize Riverside Majestic Hotel to charge the amount occurred accordingly for my reservation requested	
Cardholder's Name :			Card Holder's Signature	
Credit Card N	umber:			
Expiry Date: _	Verification Number:			
Please take no	te on the following:			
b. No i c. You d. I agi indi e. For	cated by me as responsible for paymen	teed reservations under the Hotel payment of the a nt does not do so	S.	wift
Signature	of Guest		Date	