

INTERNATIONAL CONFERENCE ON EDUCATION 2019 (ICE 2019) 10th - 11st APRIL 2019

ROOM RESERVATION FORM

GUEST PARTICULARS

Attn to : Reservation Manager / Reservation Teams E-Mail : resvn@regalia-residence.com

Title First Name		Last Name / Surname				
el No :	Fax No :			E-Mail :		
emarks : This Reservation Form is valid for o	ne (1) room only					
Room Types (Room Only) / Rates	Room Type Please Tick ()	Check-in Date	Check-out Date	No. of Night(s)	Remarks	
-BEDROOM PREMIER - RM300.00 NETT						
2-BEDROOM PREMIER - RM500.00 NETT						
B-BEDROOM PREMIER - RM700.00 NETT						
Additional Set Breakfast per person - RM15.00 NETT		Breakfast X				
The above rates are inclusive of SST Tourism Tax (Ttx) of RM10.00 per ro A refundable deposit of RM200.00 NE EXTRA PERSON	om per nights is also applicable ETT (1-Bedroom) / RM400.00 N	e (Foreign Guests NETT (2-Bedroom	n) & RM600.00NETT	,	ellected upon check in.	
A charge of RM100.00 NETT per extra person or p CHECK-IN TIME : After 1400 hours	per extra rollaway bed per night		n a maximum or one TIME : Before 120			
- Early Check In - to pre-block the room one (1) - Late Check Out - before 1800 hours chargeable - Late Check Out - after 1800 hours full night's roo	at a half day's charge from roo		ngly			
BANKING INSTRUCTIONS 1) Payment to be made upon confirmation via dir - If payment made via direct transfer, please e-ma	NAME OF BANK Account Name Branch of Bank Account No Swift Code	: Alliance Ban : View Esteem : Menara Mult : 6408 7001 00 : MFBBMYKL to resvn@regal	n Sdn Bhd i Purpose 020 374	or to ssm@regalia-resi	idence.com	
2) Payment to be made by Credit Card						
Type of Credit Card & Credit Card No				Expiry Date		
				Security Code		

ROOM RESERVATION DEPARTMENT REGALIA SUITES & RESIDENCES, KUALA LUMPUR (713918-H) NO 2, JALAN ANJUNG PUTRA OFF JALAN SULTAN ISMAIL 50480, KUALA LUMPUR

_____ TELEPHONE : _____

FAX : _____

RESERVATION MADE BY :

E-MAIL:___

For Hotel Use Only Confirmation Number : ___

TEL: 03 – 2725 0735 Website: www.regalia-residence.com