**Regional Conference for Parliaments of the Asia-Pacific Region on Global Health Security**

**(2-3 December 2024)**

**Hotel Reservation Form**

**Country Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room 1 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Room 2 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Room 3 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Room 4 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Room 5 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Room 6 / Period of Stay:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (………. nights)

|  |  |
| --- | --- |
| Room Type | Single/Twin |
|  |  |

**Guest Detail 1**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**Guest Detail 2**

|  |  |  |
| --- | --- | --- |
| First Name:  | Mr./Mrs./Ms./Dr./H.E.: | Nationality: |
| Last Name: | Mobile Phone No.: |
| Passport/ID Card No.:  | E-Mail: |

**The Rates Cover:**

* Accommodation for a maximum of 2 persons per room, including daily breakfast.
* Complimentary Wi-Fi is available during your stay.
* Check-in time is at 14:00 hours and check-out time is at 12:00 hours. Early check-in and late check-out are subject to room availability.
* Please note that a third person is not allowed to stay in the same room; an additional room is required for any extra guests.

**Term and Condition**

**Payment Policy**Our hotel requires full payment within 7 days after the reservation is completed, either via bank transfer or authorized credit card charge.

**Cancellation Policy**
Cancellations must be made at least 14 days before arrival date to incur no charges.
Cancellations made within 7-14 days before arrival date will incur a charge of 1 night's stay.
Cancellations made less than 7 days before arrival date will incur charges for the entire stay.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credit Card Payment Details:**Credit card no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Credit card: Visa, Master, Diners or JCB *(Not applicable for AMEX)* Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Bank Account Details:**

|  |
| --- |
|  |
|  | Name: |  | PIYASOMBAT RESIDENCE CO., LTD. |
|  | Number: |  | 002-288772-1 |  |
|  | Bank: |  | Siam Commercial Bank  |
|  | Branch: | Surawong Branch |
|  | Swift Code: | SICOTHBK |  |  |

 |
| **Signature** |  |  | **Date** |  |

Please send the completed reservation form and payment authorization to:

E-MAIL: piya.promwichai@accor.com AND ipusapa1@gmail.com

TEL: +6699 165 1041