**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](mailto:piya.promwichai@accor.com) AND [ipusapa1@gmail.com](mailto:ipusapa1@gmail.com)

TEL: +6699 165 1041