



Attn (Your Name) : _____

Company : _____

Tel/Fax no. : _____

From : Mohd Azmi bin Yeob / Shantini

Tel/Fax no. : 06-282 8333 ext: 3303 or 3177 /06-286 1261

Page : 1 of 2

RE: AUTHORISATION FORM FOR ROOM BOOKING – Malaysia Society of Radiographer Seminar (20th – 24th AUGUST 2014)

No. of Room /Rate : _____ Deluxe Single @ RM250.00nett per room per night
: _____ Deluxe Twin @ RM270.00nett per room per night
: _____ Extra bed @ RM83.20nett per unit per night

* Rates quoted above are inclusive of buffet breakfast

Arrival Day/Date/Time : _____ eta.1500 hrs

Departure Day/Date/Time : _____ etd.1200 hrs

Name of Guest : 1) _____

: 2) _____

: 3) _____

* All confirmation is subject to availability upon request and advance payment made to Hotel Equatorial Melaka.

* The Hotel Equatorial Melaka reserves the right to charge a half day room rate for late check-out till 1800hrs and a full day after.

* The Hotel Equatorial Melaka requires 1 night room deposit (latest by 31st July 2014) for the room confirmation.

* Currency : Ringgit Malaysia

Attn (Your Name) : _____

Company : _____

Mode of Payment: Kindly tick (x) on the payment below.

_____ A) Payment by cheque or Cash: Please fax to us the bank-in slip.
Payable "SYARIKAT MALACCA STRAITS INN SDN BHD"
Current A/C Number : 0401-0567642-05-8
Address : CIMB BANK BERHAD
188, Taman Melaka Raya, 75000 Melaka, West Malaysia
Swift code : CIBBMYKL



hotel Equatorial

MELAKA

Bandar Hilir
75000 Melaka
Malaysia

Tel: +60 6 282 8333

Fax: +60 6 282 9333

www.equatorial.com

info@mel.equatorial.com

(117455-K)

Page : 2 of 2

____ B) Payment by Credit Card: Please fax to us a copy of your credit card (both side)

Card Number : _____

Expiry Date : _____

Issuance Bank : Visa/Master : _____

Last 3 digits : _____

Name on card : _____

Amount : RM _____

Declaration: I hereby authorized Hotel Equatorial Melaka to debit my Credit Card Account, the amount due according to the above mentioned. All deposits paid are non-refundable and non-transferable

Guest signature : _____

Kindly fill in this Authorization Form and fax to **+606 -2861261** or send in PDF file to guarantee your rooms. Cut off date for reservation will be on **31st July 2014** before 17:00hrs.

****PREFERABLY THE FORM/BANK SLIPS/CREDIT CARD COPIES TO SEND IN PDF FILE AND EMAIL TO:**
azmi@mel.equatorial.com