<b>HOTEL P</b>	RESERVATION
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Please submit one form for each room required. Kindly send the room reservation form to reservations@indigo-pearl.com, Tel: +66 (0) 76 327 006, Fax: +66 (0) 76 327 338-9.

<b>1. ROO</b> Prefix	ROOM OCCUPANT : Names of All Occupants refix First Name			Last Name			Passport No.	Nationality
Prefix				Last Name Last Name			Passport No.	Nationality
Prefix							Passport No.	Nationality
	<b>RESS (as shown on o</b> y / Organization	official receipt	:)					
Street Ac	ddress							
E-mail					Phone		Fax Number	
3. DATE ARRIVAL		D	DEPARTU	RE DATE :		Number c	of Total Nights:	
	/ / 2014			/	/ 2014		<u> </u>	
Date	Month	_	Date	Month	_		-	
<ul> <li>Rooms are subject to availability basis. It will are available.</li> <li>Rooms booked after 30 August 2014 will be protected by the protected</li></ul>		rovide by availability. <b>TYPE OF BED</b> let OSingle ODouble OHollyw let OSingle ODouble OSingle ODouble per night, inclusive of ABF buffet for 1 person			ollywood Twin* ofa Twin person	PREFERENCE O Smoking O Non Smoking *Hollywood Twin = A Hollywood style bed (share basement and separate mattress)		
Please ad	dvise flight detail with n	number of guests	s if transp	portation is I	required. Cost wil	l charge to one ad	count and not spl	it.
ARRIVAL TIME : F		FLIGHT NUMBER :			Number o	Number of Guests :		
DEPARTURE TIME: FLIGHT N			LIGHT NU	UMBER : Number			of Guests:	
6. PAYN	AENT METHOD: Creater of Visa		Master	Card	O Amex	<b>○</b> Other		
Card Holder's Name :						Expiry Da	ite :	
	re :						/	
• All cand • Cancell	<b>CELLATION POLICY</b> cellation must be made ation received by the hot ation received by the hot	otel less than two	enty one			date will affect or		Year booking (100%).