

**1st TAAO Symposium 2016 @ PALM GARDEN HOTEL  
Accommodation at Putrajaya Marriott Hotel**

**DATE OF FUNCTION : 14-19 August 2016**

**To : Reservation Department**  
**Fax : 603 8943 1122**  
**Email: rm @palmgarden.com.my**



Confirm

Tentative

**FIT RESERVATION FORM**

Reservation

Amendment

Cancellation

Date: \_\_\_\_\_

Confirmation No. \_\_\_\_\_

**Guest Name :** \_\_\_\_\_ **Caller's Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Contact No :** \_\_\_\_\_ (tel) \_\_\_\_\_ (fax)  
**E-mail Add:** \_\_\_\_\_ **Returnee:** \_\_\_\_\_ (Total no. of visits)  
**Arrival Date:** \_\_\_\_\_ **Arrival Time :** \_\_\_\_\_ hrs **Departure Date :** \_\_\_\_\_  
**Flight Details:** \_\_\_\_\_ (Flight no.) \_\_\_\_\_ (Arrival time) \_\_\_\_\_ (Departure Time)

**Accommodation Information and Special Request**

Room Type	No. of rooms	No. of Pax	Room with Breakfast Farm out to Putrajaya Marriott Hotel	Additional Breakfast @ RM35.00nett / person	Rate Code	Special Arrangements
Deluxe Single	<input type="text"/>	<input type="text"/>	<input type="text" value="RM300.00nett"/>	<input type="text"/>	<input type="text"/>	_____
Deluxe Twin	<input type="text"/>	<input type="text"/>	<input type="text" value="RM350.00nett"/>	<input type="text"/>	<input type="text"/>	_____

Smoking Room  Early arrival: \_\_\_\_\_ (hrs)  
 Non Smoking  Late check out: \_\_\_\_\_ (hrs)

\* For any early arrivals, we would require to secure the rooms one night before and chargeable at FULL ROOM RATE per room per night  
 \* For late check out **before 6pm, HALF ROOM RATE per room per night** would be appreciated.  
 \* For late check out **after 6pm, FULL ROOM RATE per room per night** would be implemented.

**Billing and Reservation Instruction**

Mode of payment:  Personal Account  
 GTD by:  Credit Card

**CREDIT CARD AUTHORISATION FORM FOR THE PAYMENT OF ROOM**  
 I, \_\_\_\_\_ **NRIC/Passport No:** \_\_\_\_\_ hereby undertake to  
 pay the following hotel charges of RM \_\_\_\_\_

**Cancellation must be made in writing and will be valid only upon receipt of confirmation from Hotel.**  
**The following cancellation charges will apply:**  
 A fee of **TWO** nights per room will be charged if the written cancellation is received by the Hotel less than three (3) days prior to arrival date for FIT.

In case of No - Show, the hotel will charge the whole stay of the bookings accordingly

Please debit my credit card account accordingly for the above charges incurred:

Signature as per credit card \_\_\_\_\_  
 Type of credit card : \_\_\_\_\_  
 Credit card number : \_\_\_\_\_  
 Visa/Master ID number : \_\_\_\_\_  
 Expiry date : \_\_\_\_\_  
 Cardholder's address : \_\_\_\_\_  
 Cardholder's Telephone number : \_\_\_\_\_  
 Remarks : \_\_\_\_\_

Please enclose photocopy of front and back of credit card with cardholder's specimen signature on credit card