

The Spirit of Thai Hospitality

Hotel Reservation Form

The 8th NCARO Infectious Disease Pharmacists 2023

"The Unfinished solution for Difficulty-to-Treat infectious disease from Difficulty-to-Treat Pathogen" วันที่ 27 กุมภาพันธ์ - 3 มีนาคม 2566

			1			
Guest Name:			Check-in Da	te:	Check-out Date:	
(Fir	st)	(Last)				
Mr./Mrs./Ms.						
Job Title:			Arrival Flight/	ETA:	Departure light/ETD:	
Company Name:			Telephone Number:			
			Facsimile Number:			
Address:			E-mail address:			
Room Type / Room Rate:			Special Request:			
Superior Room (Thai Citizen)			Non Smoking			
Single Baht 1,500 net/Room/night			Smoking			
Twin Baht 1,800 net/Room/night			Others			
Period prior to expected arrival			Cancellation fee			
Within 7 days prior to arrival			: 100% of total Room rate			
I / WE AGREE TO GUARANTEE THIS RESERVATION BY CREDIT CARD LISTED BELOW: AMEXVISAMASTERDINNERSOTHERS Card Number: Expire Date:						
* Remarks: Reservation to be confirmed by giving valid credit card information for guarantee.						
Alternatively, please to Payment	ansfer one night de	posit and fax or E	-mail the bank pay in	slip for o	our record thereafter	
ชื่อบัญชี : บริษัท บริจวิว จำกัด						
ธนาคารกรุงเทพ	นาคารกรุงเทพ : 195-0-59271-5					
ธนาคารกสิกรไทย	นาคารกสิกรไทย : 066-2-14999-3					
ธนาคารไทยพาณิชย์	: 095-2-06947-7					
Please return form to (662) 292-2962, 292-2 notified by return faz	2829 or e-mail to <u>re</u>	esriver@montie	nhotel-riverside.con			
FOR HOTEL USE ONL	Υ					
Confirmation No.		Confirmed by	:	Date:		