



**8th ASIA-PACIFIC CONGRESS OF CARDIOVASCULAR & INTERVENTIONAL RADIOLOGY
9th-12th JUNE 2008, CROWNE PLAZA MUTIARA HOTEL, KUALA LUMPUR**

ROOM RESERVATION FORM

Prof Dr Mr Mrs Ms

* Full Name (as per passport)			
* Passport number (non-Malaysian)		* New Identity number (Malaysian)	
* Institution			
Address			
City		Country	Postal Code
Telephone		Fax	* Email
CHECK-IN DATE		FLIGHT No./ ETA	
CHECK-OUT DATE		FLIGHT No./ETD	
ROOM TYPE	SINGLE	DOUBLE	TWIN BED
SPECIAL REQUEST	EXTRA BED	NON-SMOKING FLOOR	
HOTEL NAME	CATEGORY	ROOM TYPE (WITH BREAKFAST)	DAILY RATE
CROWNE PLAZA MUTIARA KL	DELUXE	SINGLE RATE WITH BREAKFAST	RM 360.00 net per night
		TWIN / DOUBLE WITH BREAKFAST	RM 395.00 net per night
NOVOTEL HYDRO MAJESTIC KUALA LUMPUR	SUPERIOR	SINGLE / TWIN / DOUBLE WITH BREAKFAST	RM 260.00 net per night

* Mandatory field

Mode of Payment (One night room deposit is required at the time of registration to secure accommodation)

Enclosed is my total payment of RM _____ to be made through:-

- Bank draft/Cheque** (Bank: _____ & Bank draft/Cheque No.: _____)
Please make the cheque/bankdraft payable to "**Event Solution Management Sdn Bhd**"
- Telegraphic Transfer to:**

Beneficiary : Event Solution Management Sdn Bhd A/C Number : 312 486 0514 Banker : Public Bank Berhad Swift Code : PBBEMYKLA Branch : Bandar Puchong Jaya Address : No.9 & 10, Jalan Kenari 1, Bandar Puchong Jaya, 47100 Puchong, Selangor Darul Ehsan, Malaysia

* All payment is exclude bank charges.

- Credit Card:** VISA MasterCard American Express

I, _____ Cardholder name of credit card no. _____
hereby authorize **Crowne Plaza Mutiara Kuala Lumpur** to charge my credit card for the accommodation charges.

Expiry Date (mm/yy) : _____ Card Issuing Bank : _____

* CBC Code : _____

- Visa/Master : The last three digits on the reverse side of your card

- AMEX : The four digits number on the left/right side of your card

(Please attach photocopy of the back and front portion of your credit card)

Card Holder's Signature: _____ Date (dd/mm/yy): _____

Cancellation Policy

Cancellation made after 9th May 2008 is subject to cancellation of full length stay for each room cancelled.
No refund will be made for any no show or shortened stay after check-in date.

Please fax or send this form to Event Solution Management Sdn Bhd. No.9A, Jalan BK 5A/2 Bandar Kinrara, 47100 Puchong, Selangor Darul Ehsan, Malaysia. Tel: (+603) 8076 6086 Fax: (+603) 8070 8226 Contact Person: Ms Rachel Ho
Email: secretariat@apccvir2008.org