

# ACCOMMODATION BOOKING FORM

6<sup>th</sup> Biomedical Engineering International Conference (BMEiCON 2013)

October 23-25, 2013

Krabi, Thailand

## DELEGATE DETAILS

Please complete a booking form for each room requested, stating the names of all guests.  
(Please complete in the block capitals)

Title: Mr./Mrs./Ms./Dr./Other (please specify):

First Name (or Initial):

Family Name:

Address:

Postal Code:

Country:

Daytime Telephone Number:

Fax Number:

Email:

Arrival Date:

Departure Date:

Time of Arrival

No. of Adults:

## ACCOMMODATION REQUEST

### TYPE & NUMBER OF ROOMS & NIGHTS REQUIRED

#### Timber House (in a same group with Krabi Resort) (maximum 2 persons/room)

Superior (THB 1200/Room/Night) No.of Room \_\_\_\_\_ No.of Night \_\_\_\_\_

Non Smoking Room: YES / NO

Bed:  Double  Twin

#### Pavillion Queen's Bay (maximum 2 persons/room)

Superior (THB 1200/Room/Night) No.of Room \_\_\_\_\_ No.of Night \_\_\_\_\_

Deluxe (THB 1200/Room/Night) No.of Room \_\_\_\_\_ No.of Night \_\_\_\_\_

Additional bed (THB 600/bed/Night) No.of Room \_\_\_\_\_ No.of Night \_\_\_\_\_

Non Smoking Room: YES / NO

Bed:  Double  Twin

### CREDIT CARD PAYMENT

**IMPORTANT NOTICE: Your credit card number is required to secure your booking.**

**Payment should be made directly with the hotel at the time of stay.**

Credit Card Type:  VISA  Mastercard  Diners  Amex

Number on Card:

Name on Card:

Expiry Date:

Home/Postal Address:

(If different from above)

**By completing this form I accept the terms and conditions of booking.**

Signature

Date:

*To book your accommodation please complete the booking form and return it to:*

hotelbmeicon2013@gmail.com

Please note that all amendments and cancellations should be put in writing to:

hotelbmeicon2013@gmail.com