

ACCOMMODATION BOOKING FORM

6th 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

Krabi Resort (maximum 2 persons/room)

Deluxe Hotel (THB 1200/Room/Night) No.of Room _____ No.of Night _____

Bungalow (THB 1500/Room/Night) No.of Room _____ No.of Night _____

Villa (THB 1500/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