World Association for the Advancement of Veterinary Parasitology(WAAVP 2017)
4-8 September 2017
HOTEL ROOM BOOKING FORM

Title : Prof ( ) Dr ( ) Mr ( ) Mrs ( ) Ms ( )
Name (as per NRIC/Passport) : _____
Organisation : _____
Tel: ( ) _____ Fax: ( ) _____ Mobile: ( ) _____
E-mail: _____ Nationality:_____

BOOKING DETAILS

Hotel : Le Apple Boutique Hotel KLCC

Room Rate : ( ) RM260.00 Deluxe Room inclusive of Buffet Breakfast for 1 or 2 persons

Check in Date : _____ Check out date : _____

Number of room(s) : ____ x Superior Room / Deluxe Room

Room Charges : **RM _____x _____ Rooms x _____ Nights = RM _____**

Cancellation and No Show Policy

- Any cancellation within 3 days from arrival date will be charge a penalty of 1 Night Stay charges.
- In the event of No-Show, 1 Night penalty charges will be imposed

Payment Details

( ) Credit Card ( ) Bank Transfer/Telegraphic Transfer ( ) Cheque

Credit Card Number																	
CVC/CVV																	
Cardholder Name																	
ExpiryDate																	

( ) Visa ( ) MasterCard ( ) Amex

For cheque and Bank Transfer, please pay to this below details

Payable to : LE APPLE BOUTIQUE HOTEL (KLCC) SDN BHD
Bank : PUBLIC BANK BERHAD
Branch : MAIN BRANCH, JALAN AMPANG
Bank Account : 318 754 2036
Swift Code : PBBEMYKL XXX

**Note: Kindly send us a scan or fax copy of bank transfer slip for account purpose. Please take note that the registrant must bear all Bank charges such as commission and transfer charges if payment is transacted via Telegraphic Transfer/Online Transfer

Declaration

I, hereby understand with the terms and conditions, cancellation and No-Show Policy stated above and agree to place a reservation as per details as above.

Authorized Signature

_____

Name : Date :

Please send this booking form via email or fax to:

Contact Person: Ho Weng Kheong (Senior Sales & Marketing Manager)
Tel: +603 2179 3618 Fax: +603 – 2179 3699
Email: sales@leapple-klcc.com.my /ssmmgr@leapple-klcc.com.my
Website: www.leapple-klcc.com.my