

## PART 1: ATTENDEE DETAILS

*Title:	*First Name:	*Last Name:	
*Malaysia IC/ Passport No.:	*Nationality:	*Email:	
*Mobile No.:+( ) ( )	*Emergency Contact Name:	*Contact No.:+( ) ( )	
*Correspondence Address:			
*City:	State:	*Postcode:	*Country:
*Hotel Booked:			

\*Indicates mandatory fields. Please ensure these fields are filled in before submission of your registration form.

\* Please advise WAAVP 2017 Conference Secretariat if you have not booked your accommodation upon booking of tour.

## PART 2: DAILY TOUR

### Terms & Conditions:

- I. Fees are in Malaysian Ringgit and inclusive of 6% GST.
- II. The tours are only applicable from 01 Sept 2017 – 10 Sept 2017 for WAAVP 2017 Participants only.
- III. All tours are on private basis based on minimum of 2pax.
- IV. All tours are inclusive of English Speaking Driver services.
- V. Kindly visit our website at [www.waavp2017kl.org](http://www.waavp2017kl.org) for more information about the tours.
- VI. Pick-up & drop-off points will be at the **Kuala Lumpur Convention Centre Main Entrance**.
- VII. All the passengers are advice to be at the pick-up point **15 minutes before departure**.
- VIII. Comfortable walking shoes recommended.
- IX. **Full payment** is required in advance to confirm participation.
- X. Payment must only be made via credit card.
- XI. The organiser reserves the right to cancel any tours for which there is insufficient demand at any time. Refund will be done within 3 months after the conference.
- XII. All amendments must be made in writing via email send to [secretariat@waavp2017kl.org](mailto:secretariat@waavp2017kl.org) fourteen (14) days prior to the tour booked.
- XIII. Cancellation of tour booking must be done in writing via e-mail at [secretariat@waavp2017kl.org](mailto:secretariat@waavp2017kl.org) on or before 15 August 2017 for refund. Please note that administration fee of MYR50 will be charged. Refund will be done within 3 months after the conference.
- XIV. No refund for cancellation made after 15<sup>th</sup> August 2017 for tour(s) booked.
- XV. No refund will be granted for no-show reservation(s).
- XVI. It is recommended that Participants purchase adequate insurance coverage for health, travel and private liability. The organisers will not accept responsibility for personal injury, loss or damage to private, personal property of conference delegates and/or accompanying persons.

Please tick (✓) whichever is applicable.

The tours are only applicable from **01 Sept 2017 – 10 Sept 2017** for WAAVP 2017 participants only.

DAILY TOUR	PREFERRED DATE	TIME	Minimum 2 Paxs	3 – 4 Paxs	5 – 6 Paxs
Kuala Lumpur City & Orientation Tour – Day Tour		0900hrs	MYR 190/pax	MYR 132/pax	MYR 85/pax
		1400hrs			
Kuala Lumpur Night Tour		1700hrs	MYR 298/pax	MYR 250/pax	MYR 205/pax
Countryside & Batu Caves Tour		0900hrs	MYR 265/pax	MYR 205/pax	MYR 160/pax
Putrajaya Sightseeing		0900hrs	MYR 235/pax	MYR 160/pax	MYR 98/pax
Malacca Day Trip		0900hrs	MYR 420/pax	MYR 308/pax	MYR 215/pax
Name of 2 <sup>nd</sup> pax:			Name of 5 <sup>th</sup> pax (if any):		
Name of 3 <sup>rd</sup> pax (if any):			Name of 6 <sup>th</sup> pax (if any):		
Name of 4 <sup>th</sup> pax (if any):					

### PART 3: PAYMENT SUMMARY

Daily Tour	No. of Pax	Price/Pax	Amount
Kuala Lumpur City & Orientation Tour – Day Tour			
Kuala Lumpur Night Tour			
Countryside & Batu Caves Tour			
Putrajaya Sightseeing			
Malacca Day Trip			
<b>Total</b>			

### PART 4: PAYMENT METHODS

#### CREDIT CARD ( )

I hereby authorize "AOS Conventions & Events Sdn. Bhd." to charge my credit card for the total amount of MYR \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secure Code (CVV/CVC): \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ (MM/YY) Card Type:  MasterCard  Visa Signature: \_\_\_\_\_

**IMPORTANT NOTE:** Please attach a copy of your credit card (front & back) upon your submission of this form for verification purpose.

### DECLARATION

I hereby acknowledge that I have read and accepted all terms and conditions of participation without reservation or restriction and I relinquish any claims against the Organiser. The Organiser reserves the right to cancel or postpone the Tour due to unforeseen circumstances.

Name: \_\_\_\_\_ IC/ Passport Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ENQUIRIES

For enquiries, please contact us at:  
[secretariat@waavp2017kl.org](mailto:secretariat@waavp2017kl.org)

#### Please return this form to:

#### WAAVP 2017 Conference Secretariat

c/o AOS Conventions & Events Sdn. Bhd. (Member of AOS Tourism & Hospitality Group)  
2<sup>nd</sup> Floor, No. 39 & 40, Jalan Mamanda 9, Ampang Point,  
68000 Ampang, Kuala Lumpur, Malaysia.

Email: [secretariat@waavp2017kl.org](mailto:secretariat@waavp2017kl.org) Phone: +603 - 4252 9100 | Fax: +603 - 4257 1133