## Hotel Reservation Form

35th PBEC International General Meeting May 3 - 7, 2002 Mandarin Oriental Kuala Lumpur

Delegate Ide	entific	eation	n Nu	mber
<b>PBECIGM</b>				





<b>Hotel</b> Mandarin Oriental	Room Type Deluxe Room	<b>Room Rates</b> ☐ US\$ 120.00 ++		
	Club Deluxe	☐ US\$ 180.00 ++		
Chamani Ia	Park Suite	☐ US\$ 330.00 ++ ☐ US\$ 120.00 ++		
Shangri - La	Deluxe Single Deluxe Double	US\$ 120.00 ++		
	Deluxe Twin	☐ US\$ 120.00 ++		
	Horizon Club Room	☐ US\$ 180.00 ++		
for Mandarin Oriental	et to a 10% service charge ar Deluxe Rooms and Park Su	nites) are inclusive of Ame		
<ol> <li>Personal Data</li> <li>Mr. □ Mrs. □ M</li> </ol>	(Please type or print clearly $i$ As. $\square$ Dr. $\square$ Other	in block letters)  Member Economy		
First Name		Surname		
Job Position		Organisation		
Address				
City		Postal Code		
Tel	Fax	Email		
Passport Number	Place and Date of Issue		Date of Birth	
r assport ivumber				
	☐ Twin bed	☐ King size bed	☐ Smoking	
Room Preference	☐ Twin bed☐ Vegetarian	☐ King size bed☐ Others	☐ Smoking	
Room Preference	_	-	☐ Smoking	
Room Preference  Diet  Arrival Date / Time	☐ Vegetarian	☐ Others ————————————————————————————————————		
Room Preference Diet Arrival Date / Time Arrival Flight Numbe Airport Pick-up	☐ Vegetarian	☐ Others  Departure Date / Time		
Room Preference  Diet  Arrival Date / Time  Arrival Flight Number  Airport Pick-up	☐ Vegetarian	☐ Others  Departure Date / Time  Departure Flight Numb		
Room Preference  Diet  Arrival Date / Time  Arrival Flight Number  Airport Pick-up	☐ Vegetarian  r ☐ US\$ 50.00 nett	☐ Others  Departure Date / Time  Departure Flight Numb		

Please type or print clearly and return this form with payment to:

## Pacific Basin Economic Council Malaysia

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info@pbecmalaysia.com

I understand and accept the hotels' cancellation policy that reservations cancelled within 21 days of arrival date will be subject to a one night cancellation charge, and reservations cancelled within 7 days of arrival date will be subject to a cancellation charge for the entire booking period.

Signature Date

Cardholder Name (Please print)