



FORM 24

HOTEL RESERVATION

DEADLINE FOR RECEIPT OF FORM : 16 OCTOBER 2009

OPTIONAL



Please complete this form in block letter.
Mr./Mrs./Ms.

Family Name

First Name

Company Name

Accommodation Requirement. Please tick your hotel and room type.

Hotels Name		Room Type	Single (Price)		Double (Price)		To Exhibition (km)
<input type="checkbox"/>	Conrad Bangkok	Classic room	<input type="checkbox"/>	9,000++(฿)	<input type="checkbox"/>	9,600++(฿)	25
<input type="checkbox"/>	Courtyard by Marriott	Deluxe	<input type="checkbox"/>	2,900++(฿)	<input type="checkbox"/>	3,200++(฿)	30
<input type="checkbox"/>	Eastin Lakeside Hotel	Junior Suite	<input type="checkbox"/>	2,800.- net (฿)	<input type="checkbox"/>	-	1
		Grand Suite	<input type="checkbox"/>	-	<input type="checkbox"/>	5,200.- net (฿)	
<input type="checkbox"/>	JW Marriott Bangkok	Deluxe	<input type="checkbox"/>	4,800++(฿)	<input type="checkbox"/>	5,200++(฿)	20
<input type="checkbox"/>	Nai Lert Park	Swiss business advantage	<input type="checkbox"/>	6,000++(฿)	<input type="checkbox"/>	6,500++(฿)	25
<input type="checkbox"/>	Sheraton Grande Sukhumvit	Grande Deluxe	<input type="checkbox"/>	8,500++(฿)	<input type="checkbox"/>	9,500++(฿)	11
<input type="checkbox"/>	The Landmark Bangkok	Superior	<input type="checkbox"/>	4,200++(฿)	<input type="checkbox"/>	4,450++(฿)	20
		Deluxe	<input type="checkbox"/>	4,600++(฿)	<input type="checkbox"/>	4,850++(฿)	
<input type="checkbox"/>	Windsor Suites Hotel, Bangkok	Counsellor Suite	<input type="checkbox"/>	3,000 net	<input type="checkbox"/>	3,300 net	21
		Castle Suites	<input type="checkbox"/>	4,000 net	<input type="checkbox"/>	4,300 net	

Remarks:

- The above rates are inclusive of ABF, Newspaper and Health Club facilities.
- Hotels provide free shuttle bus service for Hotel-Venue-Hotel throughout show days except for Conrad Bangkok and Sheraton Grande Sukhumvit.
- The above rate are subject to 10% service charge and applicable to government tax except for Eastin Lakeside Hotel is net price.

Arrival Date: _____ Departure Date: _____ Total _____ Nights

Payment:

To secure accommodation during the show, 1 night deposit will be charged from your credit card.

Credit Card Type _____ Credit Card Number _____ Name of Card Holder _____

Authorized Signature _____ Date _____ Address: _____

City: _____ State: _____ Country: _____

Postal Code: _____ Telephone: _____ Fax: _____

Credit Card Type _____ Credit Card Number _____ Name of Card Holder _____

Authorized Signature _____ Date _____ Address: _____

City: _____ State: _____ Country: _____

Postal Code: _____ Telephone: _____ Fax: _____

Company Name: _____
Stand No: _____ Contact person: _____
Address: _____
Tel: _____ Fax: _____
E-mail: _____
Signature: _____ Date: _____