



HOTEL RESERVATION FORM FOR
International Life Sciences Institute – Meeting & AGM
23 – 25 April 2019
Sheraton Imperial Kuala Lumpur Hotel

Guest's Information

Name	:			
		(First Name)		(Last Name)
Salutation	:	Mr / Ms / Mrs / Dr		
Identity card / Passport number	:			
Telephone number	:			
		(Mobile)		(Office)
Email address	:			
Company name	:			
Billing address	:			

Reservation Requirements

Arrival Date	_____			
Departure Date	_____			
Arrival Details	_____	_____	_____	_____
	Date	Flight Number	ETA	
Departure	_____	_____	_____	
	Date	Flight Number	ETA	
Room Type	<input type="checkbox"/> Deluxe Room – MYR 340.00++ (MYR 394.40nett) (room inclusive of one breakfast and internet access)			
	<input type="checkbox"/> Deluxe Room – MYR 370.00++ (MYR 429.20nett) (room inclusive of two breakfast and internet access)			
No of person	_____			
Bed Type Preference	<input type="checkbox"/> King Bed	<input type="checkbox"/> Twin Bed		
Preferred Room	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking		
*Above request is subject to availability.				



Remarks for Room Accommodation:

- Hotel standard check-in time is at 3pm and standard check-out time is at 12noon.
- Cancellation less than 7 days prior to check in date will be charged in full. The cancellation must be notified in within written form and acknowledge by the Hotel.
- Taxes, levies or charges are subject to change in accordance with Malaysian Government legislation
- Room bookings and special requests are subject to availability.

Payment Instructions

<input type="checkbox"/>	All charges on guest's own account. Credit Card details for guarantee purpose only.
Credit Card Number	_____
Expiry Date	_____
ID Number	_____
Issuance Bank	_____
<u>Payment by Cheque</u>	
All payments by cheque should be addressed to "INTER HERITAGE (M) SDN BHD".	
<u>Payment by Telegraphic Money Transfer</u>	
Bank Account Details	
Beneficiary Name	: INTER HERITAGE (M) SDN BHD
Account No.	: 305 – 435 604 – 101
Bank Name	: HSBC Bank (M) Berhad
Bank Address	: No 2, Leboh Ampang 50100 Kuala Lumpur
Swift Code	: HBMBMYKL
Bank Code No.	: 305
<i>Please send a copy of the bank draft or TT by fax +603 2721 2997 for our file records.</i>	
<i>Please note that you are responsible for all bank transaction charges and currency conversion losses.</i>	



Payment by Credit Card

Please provide credit card authorization for room booking. Please forward the complete Hotel Booking Form to Reservation Department at SIKL.Res@starwoodhotels.com /or by fax to +603 2717 9955



Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.** Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Sheraton Imperial Kuala Lumpur Hotel at +603 2721 2997. Please do not hesitate to contact us at +603 2717 9900 for more information.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards.

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: _____

Card Type: Visa MC Amex Diners/CB Discover JCB

Account Type: Individual - Debit / Credit Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Account Number: _____ Exp. Date: _____

Address (statement): _____

City, State, Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Phone Number: _____ Fax or Alternate Number: _____

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Relation to Cardholder: Relative Friend Business Associate Other _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) _____

Guest Signature: _____ Date: _____

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* _____ Taxes:* _____ Total Daily Rate:* _____ Number of Nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet/Laundry Parking HS Internet Access Movies

Other _____

I certify that all information is complete and accurate. I hereby authorize Sheraton Imperial Kuala Lumpur Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed MYR _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____

Please do not send a photocopy of the front or back of your credit card.