

H Hotel / Transfer Booking Form



For bookings, please fax this form to:

Attn : Mr Paul Lertvatrakan
NICHE TRAVEL
Tel : 66 2 942 3964 - 5
Fax : 66 2 942 3963
E-mail : paul@nichetravel.co.th | noi@nichetravel.co.th
hathaichanok@nichetravel.co.th | sakda@nichetravel.co.th

16 – 18 September 2009
QSNCC, Bangkok

www.medicalfair-thailand.com

PLEASE COMPLETE CONTACT DETAILS IN FULL (IN BLOCK LETTERS)

Name of Guest: _____
Company: _____
Address: _____
Tel No: _____ Fax No: _____ E-mail: _____

ARRIVAL/DEPARTURE DETAILS

Arrival Date: _____ Flight No: _____ Arrival Time: _____
Departure Date: _____ Flight No: _____ Departure Time: _____

ROOM TYPE / CHOICE OF HOTELS

No of rooms required:

Single x _____ room/s
Twin x _____ room/s
Double x _____ room/s

Hotel choice:

1st choice : _____
2nd choice : _____

FREE HALF DAY CITY TOUR

(applicable for minimum 2 nights stay)

() YES, please arrange on _____ (indicate date)
() Not required.

TRANSPORTATION REQUIREMENTS

Please tick (✓)	Type	Number of Passengers	Cost per Person
()	Seat-in-Coach (SIC, min 2 persons) Pick up time: 0730 / 0930 / 1130 / 1330 / 1530 / 1730 / 1930	1	US\$ 7.00
()	By Car / Mini Bus	1	US\$ 39.00
()	By Car / Mini Bus	2	US\$ 21.00
()	By Car / Mini Bus	3 – 7	US\$ 16.00
()	By Car / Mini Bus	8 - 20	US\$ 13.00

- Where applicable, please provide flight details on a separate sheet for transfer request

PAYMENT

Swift Transfer	US\$
For payment by Swift Transfer, when making payment please quote bank account:	Account Name: Mr Sakda Lertvatrakan Bank Account No: 152 – 4 – 126065 Swift Code: BKKBTHBK Bank Name: Bangkok Bank Public Co Ltd. CODE 2 Siam Square Branch, Bangkok, Thailand