

**UNIVERSITI PUTRA MALAYSIA (UPM)**  
**CONFERENCE ON 25 - 28 JUNE 2018**

**To : Reservation Department**  
**Fax : 603 8943 1122**



Confirm

Tentative

**FIT RESERVATION FORM**

Reservation       Amendment       Cancellation      Date: \_\_\_\_\_  
Confirmation No. \_\_\_\_\_

**Guest Name :** \_\_\_\_\_ **Caller's Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Contact No :** \_\_\_\_\_ **(tel)** \_\_\_\_\_ **(fax)** \_\_\_\_\_  
**E-mail Add:** \_\_\_\_\_ **Returnee:** \_\_\_\_\_ **(Total no. of visits)** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Arrival Time :** \_\_\_\_\_ **hrs** **Departure Date :** \_\_\_\_\_  
**Flight Details:** \_\_\_\_\_ **(Flight no.)** \_\_\_\_\_ **(Arrival time)** \_\_\_\_\_ **(Departure Time)** \_\_\_\_\_

**Accommodation Information and Special Request**

| Room Type   | No. of rooms         | No. of Pax           | Room Only            | Additional Breakfast @ RM30.00 Nett / Person | Rate Code            | Special Arrangements |
|-------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|
| Heliconia   | <input type="text"/> | <input type="text"/> | <b>RM250.00 Nett</b> | <input type="text"/>                         | <input type="text"/> | _____                |
| Orchid Twin | <input type="text"/> | <input type="text"/> | <b>RM280.00 Nett</b> | <input type="text"/>                         | <input type="text"/> | _____                |
| Orchid King | <input type="text"/> | <input type="text"/> | <b>RM280.00 Nett</b> | <input type="text"/>                         | <input type="text"/> | _____                |
| Anthurium   | <input type="text"/> | <input type="text"/> | <b>RM400.00 Nett</b> | <input type="text"/>                         | <input type="text"/> | _____                |

Smoking Room  Early arrival: \_\_\_\_\_ (hrs)  
Non Smoking  Late check out: \_\_\_\_\_ (hrs)

\* For any early arrivals, we would require to secure the rooms one night before and chargeable at FULL ROOM RATE per room per night  
\* For late check out **before 6pm, HALF ROOM RATE per room per night** would be appreciated.  
\* For late check out **after 6pm, FULL ROOM RATE per room per night** would be implemented.

**Billing and Reservation Instruction**

Mode of payment:  Personal Account  
GTD by:  Credit Card

**CREDIT CARD AUTHORISATION FORM FOR THE PAYMENT OF ROOM**

I, \_\_\_\_\_ **NRIC/Passport No:** \_\_\_\_\_ hereby undertake to  
pay the following hotel charges of RM \_\_\_\_\_

**Cancellation must be made in writing and will be valid only upon receipt of confirmation from Hotel.**

**The following cancellation charges will apply:**

**A fee of TWO nights per room will be charged if the written cancellation is received by the Hotel less than three (3) days prior to arrival date for FIT.**

**In case of No - Show, the hotel will charge the whole stay of the bookings accordingly**

**Please debit my credit card account accordingly for the above charges incurred:**

Signature as per credit card

**Type of credit card** : \_\_\_\_\_  
**Credit card number** : \_\_\_\_\_  
**Visa/Master ID number** : \_\_\_\_\_  
**Expiry date** : \_\_\_\_\_  
**Cardholder's address** : \_\_\_\_\_  
**Cardholder's Telephone number** : \_\_\_\_\_  
**Remarks** : \_\_\_\_\_

**Please enclose photocopy of front and back of credit card with cardholder's specimen signature on credit card**

|                                       |                    |   |
|---------------------------------------|--------------------|---|
| House Use <input type="checkbox"/>    | Remarks: _____     | Taken by: _____<br>Date: _____<br>Keyed in by: _____<br>Date: _____ |
| Comp <input type="checkbox"/>         | _____              |   |
| Upgrade <input type="checkbox"/>      | _____              |   |
| Special Rate <input type="checkbox"/> | _____              |   |
| Recommended by : _____                | Approved by: _____ |   |
| Name                                  | General Manager    |   |