

**MARVEL RUN 2019
7 SEPTEMBER 2019**

To : Reservation Department
Fax : 603 8943 1122
Email: rm@palmgarden.com.my
reservation@palmgarden.com.my

Confirm

FIT RESERVATION FORM

Tentative

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 inclusive 1/2 breakfast	Additional Breakfast @ RM25.00nett/person	Rate Code	Special Arrangements
Heliconia Sgl/Twin (all twin beds)	<input type="text"/>	<input type="text"/>	RM250.00 nett	<input type="text"/>	<input type="text"/>	_____
Orchid Single/Twin	<input type="text"/>	<input type="text"/>	RM300.00 nett	<input type="text"/>	<input type="text"/>	_____
Anthurium Suite	<input type="text"/>	<input type="text"/>	RM400.00 nett	<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.
* Additional Breakfast chargeable at RM25.00nett per person.

Billing and Reservation Instruction

Mode of payment: Personal Account
 Credit Card

GTD by: _____

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 policy charges will apply:

Cancellation & amendment is allowed 07 days prior to arrival date.

First night penalty charges will apply for Non-show or late cancellation.

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.
Complete form with the valid credit card will be reply by the confirmation.**

House Use	<input type="text"/>	Remarks: _____
Comp	<input type="text"/>	_____
Upgrade	<input type="text"/>	_____
Special Rate	<input type="text"/>	_____
Recommended by :	_____	Approved by: _____
	Name	Hotel Manager

Taken by:
Date:
Keyed in by:
Date: