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ACID 2018
22-25 NOVEMBER 2018
CHIANG MAI INTERNATIONAL EXHIBITION AND CONVENTION CENTRE, THAILAND

Guest Name.....Promotional Code..ACID..

Telephone number.....Email address.....

Check-in Date...../...../..... Check-out Date...../...../..... Total.....Nights

Room Type	Rate	Bed		No. of room
		Double (one 6" bed)	Twin (two 3.5" beds)	
Superior Room				
Single Occupancy (one person)	THB 1,700			
Double Occupancy (two persons)	THB 1,700			
Deluxe Room				
Single Occupancy (one person)	THB 2,000			
Double Occupancy (two persons)	THB 2,000			
Executive Room				
Single Occupancy (one person)	THB 3,000			
Double Occupancy (two persons)	THB 3,000			
Two Bedroom Suite				
From 2-4 persons	THB 4,000			

*The above rate is net, inclusive of Buffet Breakfast, Internet, 10% service charge and 7% V.A.T

Special Request.....

Term of Payment:

1 night deposit will be charged sudden to your account. Kindly fill in credit card authorization form including with photocopy of your credit card and send to our reservation to secure your accommodation.

For Reservation, Please contact Kotchanan Tanrattanakul, Reservation Supervisor via email: rsvnmgr.chiangmai@furama.com; reservations.chiangmai@furama.com and reservations2.chiangmai@furama.com or Telephone number (66) 53 415 222 Facsimile (66) 53 415 200

For more details, please contact Sawanya Pongpamorn, Director of Sales, via email: sawanya@furama.com or Telephone number (66) 53 415 222, Facsimile (66) 53 415 200

Furama Chiang Mai Hotel

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THIRD PARTY AUTHORISATION FORM

(A) Paying Card Member's Detail:

Guest Name *(as appear in card)*: _____

Company Name *(if applicable)*: _____

Address *(home / company)*: _____

Email Address: _____

Home Phone No: _____ Mobile No.: _____

Office Phone No.: _____ Fax No.: _____

(B) I hereby guarantee to settle the account(s) due by:

Guest Name:			
Check-In & Check-Out Date:		Total Night(s):	
Room Type:		Room Rate (THB) :	

(C) For services specified below:

- | | |
|--|---|
| <input type="checkbox"/> Room Charges Only | <input type="checkbox"/> Incidentals Only |
| <input type="checkbox"/> All Charges Only (Room, F&B and Incidentals) | <input type="checkbox"/> Meals Only |
| <input type="checkbox"/> Please charge/transfer the above account(s) due to my room bill | |
| <input type="checkbox"/> Others (Specify) _____ | |

(D) Guarantee amount to be settled by:

Card Number:		Expiry Date:	
Card Type:		Issuing Bank:	
Card Member's Signature:		Date:	

By signing above, I agree that the authorization/guarantee given by me is irrevocable. I hereby agree to pay for all charges by or for the account(s) of the individual(s) named above without any conditions and limitations concerning amounts, change of rooms, check-out dates, length and extensions of stay. I authorize any such amounts for which I am liable to be charged to my credit card account referred to above. I agree that this form may be disclosed to the individual(s) named above.