Hotel Reservations Form

Attention: *Zainon Helmi / Doris Wee*
Damai Beach Resort
Teluk Bandung, Santubong,
P.O Box 2870, 93756 Kuching

Tel: **6082-846200 / 6082-846300**
Fax: **6082-846763 / 6082-846777**
email: resvn@damaibeachresort.com

Note: ***Kindly make reservation directly to hotel by or before 20/9/2008. After which all bookings are subject to room & rate availability.***

Special Conference Rates

Please tick (x) for your choice of room type.
The Special rate is only applicable for:
Organic Asia 2008 (28 October - 31 October 2008)

Damai Beach Resort

Single:-

	Superior Poolside Single@RM166.75nett Inclusive of Breakfast
	Chalet Single @RM195.50nett Inclusive of Breakfast
	Seaview Deluxe Single@RM148.00nett Inclusive of Breakfast
	Executive Suite @RM517.50nett Inclusive of Breakfast

Double:-

	Superior Poolside Double @RM189.75nett Inclusive of Breakfast
	Chalet Single/Double @RM218.50nett Inclusive of Breakfast
	Seaview Deluxe Double @RM168.00nett Inclusive of Breakfast
	Executive Suite @RM517.50nett Inclusive of Breakfast

The above rates quoted are inclusive of 5% governemnt tax & 10% service charge.

Arrival Date: / /2008 **Departure Date:** / /2008

[ ] **Single** [ ] **Double** [ ] **Twin**

Estimated Arrival Time: **a.m/p.m**

Mode of Transportation: [ ] **Car No.** [ ] **Flight No.** [ ] **Others**

Name: **Company:**

Sharer Name:

(For Twin-sharing basis - if any)

Address:

City: **State:** **Country:**

Nationality: **Passport No./NRIC No.**

Date of Birth: / / **Frequent Flyer Program No.**

Special Services: **Designation:**

Notices:

Phone: (O) **Fax:**

Special Requests: **Prefer Non-Smoking Room:**
Others (Specify)

My account will be settled by:

[ ] **Cash** [ ] **Amex** [ ] **Visa** [ ] **MC** [ ] **DC**

Card Number: - - - **Expiry Date:** /

Varification Number:

Dear Guest,

Please note the following:

A.	*Check In Time:*	*after 2.00pm*
B.	*Check Out Time:*	*12:00 noon*
C.	*Your complete address is required by law under the Hotel Licensing Regulation.*	
D.	*Under Section 4 of the Inn Keepers Ordinance No. 16 of 1952, the Hotel will not held responsible for any valuables or monies left by guests in their rooms.*	
E.	*I agree that I am personally liable for the payment of the above statement and if the person, company or association indicated by me as responsible for payment of the same does not do so, I shall be liable for the full payment.*	
F.	*Full cancellation charges will be levied for guaranteed reservation, if cancelled less than 14 days or failing to inform the hotel of no-shows.*	

Signature of Guest: **Associate:** **Date:**