



Hotel Reservation Form

13th International Conference of the Asian Clinical Oncology Society (ACOS2018)

1. Personal information :

Name: _____ Last name _____

Name: _____ Last name _____

Contact Address: _____

E-mail Address: _____ Telephone: _____

2. Reservation:

2.1 The Empress Hotel Chiang Mai

Superior room 1,500 (Single)/Night/Room 1,700 (Twin)/Night/Room 800 Extra Bed

Deluxe room 1,900 (Single)/Night/Room 2,100 (Twin)/Night/Room 800 Extra Bed

Keyman room 3,000 (Single)/Night/Room 3,400 (Twin)/Night/Room 800 Extra Bed

2.2 The Park Hotel Chiang Mai

Deluxe room 1,200 (Single)/Night/Room 1,600 (Twin)/Night/Room 600 Extra Bed

Check-In Date: _____ Check-Out Date: _____

Arriving By: _____ Flight No. _____ Time _____

Airport pick up 100 THB/person number of passenger _____

3. Reservation Condition :

3.1 Reservation will be accepted only until **December 31, 2017**. After this date reservation will be subjected to room availability

3.2 No Show or Late arrival will be charged as per reservation.

3.3 Cancellation made after **February 10, 2018** will be charged for the whole period of reservation.

3.4 Please kindly fax or email this form back to the hotel.

<p>Reservation at The Empress Hotel, Chiang Mai Tel : 66 53 253 199 Fax : 66 53 279 956 E-mail : emprsvn@empresshotels.com Website: www.empresshotels.com</p>	<p>Reservation at The Park Hotel, Chiang Mai Tel: 66-53-280 080 Fax 66-53- 279 979 E-mail: rsvnpark@empresshotels.com Website: www.empresshotels.com</p>
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For hotel use only Confirmed By _____

Date _____