

## **ROOM RESERVATION FORM**

Dear Reservation,

I will be attending the 3RD ANNUAL CONFERENCE OF THE COLLEGE OF OTORHINOLARYNGOLOGISTS & 43RD ANNUAL GENERAL MEETING OF THE MSO-HNS (26 - 28 JUNE 2025) in Holiday Inn Melaka

Name								(Sir	ngle / Tv	win)						
(Single / Twin)									win)	-						
-	(Single / Twin)										_					
-		(Single / Twin)														
Postal Address											_					
_											_					
City						Country										
Contact Number														_		
Check in Date								_								-
Check out Date				_												
My account will be settled by:		[	]	VISA		[	] MAS	TER								
My card Numbers							] -					] -				]
Expires end				1												
Full payment to be charge 7	7 days prio	r to the a	rrival d	late. No	canc	ellatio	on and	refun	ıd are a	llow a	fter the	e boo	king is	conf	irmed.	
Please tick ( $\sqrt{\ }$ ) for your choice	e of hotel, ro	oom type	& rate	as follo	ws:											
For Malaysian,						For I	Non - N	lalays	sian							
Deluxe Room Single	RM 3	355.00net	tt			Delu	xe Roo	m Sin	gle		RM 365.00nett					
Deluxe Room Twin/Double	RM 375.00nett					Delu	xe Roo	m Twi	n/Doub	le	RM 385.00net			0nett		]
~ The above rates quoted are ~ The above rates quoted are Tourism Tax is included for N ~ The above rates offered are rates accordingly to reflect the NOTE:	e inclusive of on - Malays e based on t	f 8% Sale ian rate. he curren	es & Sei it gover	nment	taxatio	n poli	cy. In th									e room
Please e-mail to: vivien.chia1@il	ng.com, loni.t	an@ihg.co	om or W	hatsapp	to +60	16 339	91638									
Closing date for Reservation : 10	) June 2025															
Rooms and bedding are subject	to availablity.															
Hotel will email you the Confirma	ation number	as details	given ab	ove.												

Confirmation Number: \_\_\_\_\_(office use only)