



## Reservation Form

### The 8<sup>th</sup> International Symposium on Emerging & Re-emerging Pig Diseases during 4<sup>th</sup> – 7<sup>th</sup> June, 2023 IMPACT Exhibition and Convention Center, Muang Thong Thani

Confirmation No.....

Guest Name: (1).....

(2).....

Mobile: ..... Fax: .....

Email.....

Check in date: ..... Time: .....(Check in Time: 14.00 hrs.)

Check out date: ..... Time: .....(Check out Time: 12.00 hrs.)

Number of rooms: ..... Number of Nights: .....

Standard Room .....King Bed THB 1,800 net including breakfast + WIFI

.....Twin Bed THB 1,800 net including breakfast + WIFI

#### Reservations Policy

- A Credit Card number must be provided to guarantee your booking. Payment method may be changed upon arrival only.
  - Cancellations will be accepted up to 14 days prior to arrival date. No shows and cancellations beyond 14 days will be charged to the credit card provided.
  - Early Check-in or Check-out requirements are subject to availability.
  - For future information or assistance, please contact our Reservation Department
  - Tel: +66 02 011-7777 ext. 7800,7801,7802,7803,7804/ Fax :+66 02 011 7999
- E-mail: [H9060-RE@accor.com](mailto:H9060-RE@accor.com); [H9060-RE1@accor.com](mailto:H9060-RE1@accor.com); [H9060-RE2@accor.com](mailto:H9060-RE2@accor.com);  
[H9060-RE3@accor.com](mailto:H9060-RE3@accor.com); [H9060-RE4@accor.com](mailto:H9060-RE4@accor.com)

Should you require any further information, please do not hesitate to contact us directly.

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Guest Signature  
Ibis Bangkok IMPACT

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Reservations Department



**Credit Card Authorized Form**

Date: \_\_\_\_\_  
Refer: \_\_\_\_\_  
Guest's Name/Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Dear Financial Department,  
IMPACT EXHIBITION MANAGEMENT CO., LTD.**

I am (Card holder's Name) \_\_\_\_\_

On behalf of (Company Name) \_\_\_\_\_

Hereby undertake to pay for:

- |                          |                           |            |
|--------------------------|---------------------------|------------|
| <input type="checkbox"/> | Advance Deposit           | THB: _____ |
| <input type="checkbox"/> | Accommodation Payment     | THB: _____ |
| <input type="checkbox"/> | Food & Beverage Payment   | THB: _____ |
| <input type="checkbox"/> | Other /Additional expense | THB: _____ |

(Telephone bill, Laundry, Internet and etc...)

By deducting from my credit card, the details as follow:

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Type of Credit card:  Visa  Master  Amex  JCB  Other Expiry date: \_\_\_\_\_

**I also attached here with photocopy of my passport for your bank's reference**

**Authorized Signature**

**Company Stamp**

**Name** \_\_\_\_\_

**IMPACT EXHIBITION MANAGEMENT CO., LTD.**

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