



**Accommodation Reservation Form for Participant**  
**ICADL 2005 , December 12-15, 2005**

199 Sukhumvit Soi 22,  
Bangkok, Thailand 10110

Telephone : 662-261-9300  
Fax : 662-261-9496

[www.imperialhotels.com](http://www.imperialhotels.com) E-mail : [reservation@imperialhotels.com](mailto:reservation@imperialhotels.com) OR [niramol@imperialhotels.com](mailto:niramol@imperialhotels.com)

*Accommodation reservations must be made by contacting the hotel directly, either by fax or e-mail, to ensure the ICADL 2005 rates which are available December 9 through December 18, 2005. You must make your reservation no later than October 15, 2005. Reservation received after October 15, 2005 are subjected to room availability, and the ICADL 2005 special rates may not apply.*

**Guest Name :**

(Dr., Mr., Mrs., Miss., Ms.).....

Surname

Given names

Company

Address

City

State/ Province

Country

Postal Code

Phone

Fax

E-mail (required)

**Special Benefits :**

*\*Daily American Buffet Breakfast*

*\*Welcome fruit basket and flower upon arrival*

*\*Welcome drink upon arrival*

*\*Complimentary use of room safe*

*\*Complimentary use of fitness center except squash and spa*

**Room Rates for delegates**

Deluxe single

Baht. 3,400net

Deluxe twin

Baht. 3,600net

*\*\* Please note that rates quoted are per room per night and inclusive of 10 % service charges and 7 % government tax.\*\**

Air Port pick up are available upon request at the special rate at Baht. 900 net per car per trip.....YES.....NO

Number of rooms requested and type :      Number.....Type.....

Arrival Date/ Estimated Time of Arrival (in Bangkok) : .....Flight No.:

Departure Date/ Estimated Time of Departure (from Bangkok) : .....Flight No. ....

Dates and total Number of Nights to be Reserved : .....

Special Requests :       Smoking       Non Smoking      Other : .....

Sharing with : (Dr., Mr., Mrs., Miss., Ms.).....

Surname

Given name

**Method of Payment :** please indicate credit card type and provide all details as requested. All confirmations will be sent via e-mail directly from the hotel.

**Credit Card:**       Master Card       Visa       Diners Club       AMEX

Card Number:.....Expiration Date : .....

Card Holder's Name: .....

Card Holder's Signature: .....

**Cancellation/No Show Policy :**

May we inform that reservation made after October 15, 2005 will be based on room availability, check-in & check-out time is 12.00 hrs., noon time. All delegates will settle their own bills with hotel front cashier prior to departure.

Cancellation must be made 45 days (November 5, 2005) in advance prior to arrival date, otherwise your card will be charged for one night's stay. For no show, one night's room rate deposit will not be refundable.