Hotel Reservation Form

Group Rendezvous
Attention to Reservation Department – Ambassador Hotel Bangkok

Tel 0 22540444 Ext. 1200-1204 **Fax** 0 2254 7506

****PLEASE EMAIL YOUR RESERVATION FORM TO ALL 3 EMAIL ADDRESSES.****

Email rsvbkk@amtel.co.th, rsvmbkk@amtel.co.th, cawf2018@gmail.com

Send by **Name:** _____ **Tel / Mobile:** _____

Stay Period **Check in** _____ **Check out** _____

Room Rates ☐ **Superior room** ☐ **Single THB 2,000 net (One King Bed)** ☐ **Twin THB 2,000 net (Two Twin Beds)**

- Above room rate is net, inclusive of 10% service charge and 7% VAT
- Above room rate is inclusive of daily breakfast
- Normal check-in time is 14.00 hrs and check-out is 12.00 hrs

Please put the no. of room(s) required and the no. of guest (s) in the selected room type

Superior Room _____ Room (s) _____ Person (s)

Please state the no. and age of children if apply: _____ child(red) _____ Age(s)

Cancellation Policy: *The hotel reserves the right to charge a cancellation fee of one night stay to your credit card if you cancel hotel reservation after 24 hours before check in.*

No Show Policy: *If you fail to attend (no show), the hotel reserves the right to charge your credit card for **entire stay.***

First Name 1: _____ Family Name: _____

First Name 2: _____ Family Name: _____

Organization: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Mobile: _____ Email: _____

Please advise your preferred confirmation ( ) by Fax No. _____ ( ) by above Email

All reservation is required to be guaranteed by a major credit card (PAY AT CHECK-IN)

Credit Card Company: _____ Card No. _____

Name of Cardholder: _____ Expiry Date: _____

Signature of Cardholder: _____

For Hotel Use Only

Confirmation No.	Received by:	Date:

(Confirmation will be sent back when we receive completed information with credit card guaranteed)