TRICARE PAFICIC FUNDAMENTAL CONFERENCE

13 – 17 June 2010

Sheraton Imperial Kuala Lumpur Hotel

Hotel Booking Form

Guest's Information

Mr/Mrs./Mdm. _____
Given Name

_____
Last Name

Designation _____

Company Name _____

Company Address _____

Telephone; (Mobile) _____ (Office) _____ (Fax) _____

Zip/City Code _____ Country _____

E-mail _____

Hotel Accommodation

Sheraton Imperial Kuala Lumpur Hotel
Jalan Sultan Ismail
50250 Kuala Lumpur
Tel: 603 2717 9900 Fax: 603 2717 9999
Website: www.sheraton.com/imperialkualalumpur

Please forward the complete Delegate Attendance and Hotel Booking Form to Ms Jessie Mar at jessie.mar@starwoodhotels.com and/or by fax to 603 2717 9931. Please also copy the information to the attention of chris.chang@sheraton.com and/or by fax to 603 2717 9931. Thank you.

Sheraton Imperial
KUALA LUMPUR HOTEL

Reservation Requirements

Room Type ☐ Deluxe Room – **MYR355.00nett (USD103)**
* Inclusive of Daily Buffet Breakfast & 1 In-Room Broadband

Preferred Room ☐ Smoking ☐ Non Smoking

Dietary Preference _____

No of Nights _____ No. of Accompanying person _____

Arrival _____ _____ _____
Date **Flight Number** **ETA**

Departure _____ _____ _____
Date **Flight Number** **ETD**

Note:
Rate quoted above is subject to 10% service charge and 5% government tax

Payment Instructions

☐ All charges on guest's own account

Please provide credit card information for room confirmation.

Credit Card type: AMEX / VISA / MASTER CARD / etc

Credit Card No: _____

Expiry Date: _____

Card Holder's Name: _____