



RESERVATION FORM 2015

GUEST NAME / GROUP NAME: ----- MR/ MRS/ MS/ MISS

NATIONALITY: -----

Address: -----

Company Name: -----

Tel:-----Fax:-----E-mail:-----

ROOM TYPE:	SGL USD	DBL USD	TWN USD	NO. OF PAX
SUPERIOR	USD 70 <input type="checkbox"/>	USD 80 <input type="checkbox"/>	USD 80 <input type="checkbox"/>	<input type="checkbox"/>
DELUXE	USD 80 <input type="checkbox"/>	USD 90 <input type="checkbox"/>	USD 90 <input type="checkbox"/>	<input type="checkbox"/>
CLUB EXCELLENCE	USD 95 <input type="checkbox"/>	USD 105 <input type="checkbox"/>	USD 105 <input type="checkbox"/>	<input type="checkbox"/>
JUNIOR SUITE	USD 120 <input type="checkbox"/>	USD 130 <input type="checkbox"/>	USD 130 <input type="checkbox"/>	<input type="checkbox"/>
EXECUTIVE SUITE	USD 130 <input type="checkbox"/>	USD 140 <input type="checkbox"/>	USD 140 <input type="checkbox"/>	<input type="checkbox"/>

All room rate include Buffet Breakfast and Prevailing Taxes

PICK UP AIRPORT PERWAY/PER CAR Small car USD 12 From 7:00am -9:00pm /USD 15

From 9:00pm-7:00 am /USD30 VAN From 7:00am-9:00pm USD35 From 9:00pm-7:00am

Flight Detail:

ARRIVAL DATE: ----- FLIGHT NO ----- TIME: -----

DEPARTURE DATE: ----- FLIGHT NO ----- TIME -----

METHOD OF PAYMENT VISA AMEX JCB MASTER

CREDIT CARD NUMBER: ----- EXPIRY DATE: -----

PRE-PAYENT CASH ON ARRIVAL CREDIT CARD ON ARRIVAL

CASH ON DEPARTURE CREDIT CARD ON DEPARTUR

BOOKING BY: ----- TEL: ----- FAX: -----

Signature: -----BOOKING DATE: -----

Note: Please complete this Form and Fax or E-mail directly:

Fax: 855-23-991 818 / E-mail: sse1@phnompenhhotel.com