35th Malaysian Paediatric Association Congress
27th - 30th June 2013
Bukit Gambang MICE Centre, Kuantan, Pahang

ROOM RESERVATION FORM

Please tick ✓: ☐ Prof. ☐ A/Prof. ☐ Dato' ☐ Datin ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Full Name (as in NRIC)			
NRIC (new)		(old)	
Institution			
Address			
City	Country	Postcode	
Telehone		Fax	
Email			
Check-In Date		Flight No. / ETA	
Check-Out Date		Flight No. / ETD	
Room Type	☐ Family Deluxe ☐ Studio Deluxe		
Special Request	Extra Mattress (RM 50 Inclusive Breakfast) ☐ Yes ☐ No		

Hotel Name	Room Type	Description	Room Rates
Arabian Bay Resort	Family Deluxe (Apartment 2 Bedroom)	4 Super Single Bed	RM 450.00
	Studio Deluxe (Apartment 1 Bedroom)	2 Super Single Bed	RM 230.00

Cancellation Policy: 30 days prior event – One night cancellation charge for each room/night cancelled.
14 days prior event / No show - No refund.

To secure your room booking, payment must be made in full to the Congress Secretariat

PLEASE MAKE PAYMENT PAYABLE:

**For payment made through electronic transfer/online, please send us a copy of the paid bank transaction together with registration form.*

NAME : MALAYSIAN PAEDIATRIC ASSOCIATION (SUB-ACCOUNT 1)
ACCOUNT : 1416-0016650-05-8
BANK : CIMB BANK BERHAD
64, JALAN RAJA MUDA ABDUL AZIZ,
50300 KUALA LUMPUR
SWIFT CODE : CIBBMYKL

PAYMENT ADVICE:

☐ Cheque No : BANK _____ NO : _____

☐ Credit Card : ☐ VISA ☐ MASTER Expiry Date : _____/_____/_____ (DD MM YY)

Cardholders Name : _____

Credit Card No : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CCV No: ☐☐☐
(Last 3 digit no on the back of the card)

PLEASE SEND THE COMPLETED FORM & PAYMENT TO:

Secretariat - 35th MPA Congress 2013, Malaysian Paediatric Association
3rd Floor, Annexe Block, National Cancer Society Building
66, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur, MALAYSIA
Tel: 603-2698 9966, 603-2691 5379 Fax: 603-2691 3446
Email: mpaeds@gmail.com Website: www.mpaweb.org.my