



ROOM RESERVATION FORM

27th Annual Scientific Meeting, The Royal College of Physicians of Thailand

27 April- 1 May 2011, Ambassador City Jomtien, Pattaya, Thailand

Mr. Ms. Company _____

Name _____

Address _____

E-mail _____

Telephone _____ Fax. _____

Ocean wing	Amount	Check-in	Check-out
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<input type="checkbox"/> Deluxe single	1,850 Baht
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<input type="checkbox"/> Deluxe double / twin	2,000 Baht
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<input type="checkbox"/> Super Deluxe double / twin	2,500 Baht
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<input type="checkbox"/> Family Suite 2 bedroom	6,300 Baht
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<input type="checkbox"/> Grand Suite 3 bedroom	8,900 Baht
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Tower wing	Amount	Check-in	Check-out
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<input type="checkbox"/> Sea, Mountain view single	1,550 Baht
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<input type="checkbox"/> Sea, Mountain view double / twin	1,700 Baht
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<input type="checkbox"/> Sunset Suite 1 bedroom	3,100 Baht
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<input type="checkbox"/> Suite 1 bedroom (High zone)	2,600 Baht
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Garden wing	Amount	Check-in	Check-out
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<input type="checkbox"/> Single	950 Baht
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<input type="checkbox"/> Double / Twin	1,200 Baht
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Include breakfast already

Payment

Thai Farmers Bank Jamjuree Square branch, Account type Current account No.630-1-00888-9, Name "AMTEL GROUP BANGKOK"

(ธนาคารกสิกรไทย สาขาซอยจามจุรี สแควร์ เลขที่บัญชี 630-1-00888-9 ในนาม บริษัท แอมเทล กรุ๊ป กรุงเทพ จำกัด)

Total Baht (.....)

Please send deposit slip to Khun Boonsong Meecharoen, Sale Manager Ambassador City Jomtien

Fax. 0 2160 5229 Tel. 0 2160-5222 Ext.3 e-mail : boonsongaj@hotmail.com