



Syuen Hotel Bhd.  
(190187-H)

**“7<sup>TH</sup> ASEAN CONFERENCE ON PRIMARY HEALTH CARE”**

**Accommodation :** We are pleased to offer you our special room rates for :-

Room & Bed Types	Weekdays Sun – Thurs (RM) nett	Weekends Fri – Sat (RM) nett	With Breakfast
<b>Superior Twin (No View)</b> [2 Single Beds: No View]	139	159	2 BBF
<b>Deluxe King Size or Twin</b>	159	179	2 BBF
<b>Family Room (No View)</b> [1 King & 1 Single, together with Living Hall]	209	229	3 BBF
<b>Junior Suite</b> [1 King & a Separate Living Hall]	279	299	2 BBF
<b>Executive Suite (1-Bedroom)</b> [1 King & a Separate Living Hall]	329	349	2 BBF
<b>Executive Suite (2-Bedroom)</b> [1 King & 2 Single Beds & a Separate Living Hall]	379	399	4 BBF
<b>Penthouse</b> [1 King & 2 Single Beds & a Separate Living Hall]	999	1299	4 BBF

**Extra Bed @ RM 65.00 Nett Per Nos Per Night (Including 1 BBF)**

**Remarks:**

*All room key-cards issued during check in shall be returned to the Front Office Cashier accordingly upon check-out. Otherwise, there will be a surcharge of RM5.00 per each unreturned key-card.*

**Reservation:**

Tentative

Confirmed

Name of Guest : \_\_\_\_\_

Contact No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

Total No. of Room : \_\_\_\_\_ Room Type: \_\_\_\_\_ Room Rate: \_\_\_\_\_

Length of Stays : \_\_\_\_\_

Date of Check-in : \_\_\_\_\_ Date of Check-out: \_\_\_\_\_

Mode of Payment : \_\_\_\_\_

Remarks : \_\_\_\_\_

For reservation or should you require further assistance, please do not hesitate to contact person in-charge, Miss Rains Choong at 05-253 8889 Ext: 8330; D/Line: 05-255 9329; Mobile No. : 017-560 9761 or E-mail: [syuenrain@yahoo.com](mailto:syuenrain@yahoo.com)



Syuen Hotel Bhd.  
(190187-H)  
Date:

Syuen Hotel Berhad  
No. 88, Jalan Sultan Abdul Jalil  
30300 Ipoh  
Perak

Dear Sir / Madam,

**RE: LETTER OF AUTHORISATION TO CHARGE TO CREDIT CARD**

I, \_\_\_\_\_ of \_\_\_\_\_ hereby undertake  
full responsibility for all expenses incurred for our event on \_\_\_\_\_.

I also hereby authorize **Syuen Hotel Berhad** to debit my credit card account for the whole amount charged to me and undertake not to dispute the claim.

Thank you

Your sincerely,

\_\_\_\_\_  
(Signature according to sample of credit card)

Credit Card : VISA / MASTERCARD

Name of card : \_\_\_\_\_

Credit Card No. : \_\_\_\_\_

Security Code : \_\_\_\_\_  
(Last 3 digits on the signature panel)

Expiry Date : \_\_\_\_\_

Amount : \_\_\_\_\_

**Please attach a photocopy of your credit card (front & back on the same page) to us, together with this letter.**

*88, Jalan Sultan Abdul Jalil, 30300 Ipoh, Perak Darul Ridzuan, West*

*Malaysia. Tel: 05-2538889 Fax: 05-2533335*

*E-mail: syuenhit@tm.net.my*