

Reservation Form



FIT Reservation

GIT Reservation

Status: New Reservation Final **Sources:** Tel Email
 Amendment Cancellation Fax Verbally

Block/Conf:13456	Company/ Travel Source:	
	Contact Person:	
	Tel:	
	Email:	

Guest's Names:

Transportation (Please circle/underline)

Mr/Mrs/Ms:		APT - HTL:	LM / HC / VAN
Mr/Mrs/Ms:		HTL - APT:	LM / HC / VAN
Mr/Mrs/Ms:		ROUND TRIP:	LM / HC / VAN
Mr/Mrs/Ms:		COST/Billing	

Description

	Arrival Date	Flight In	Time In	Departure	Flight Out	Time Out
First Call						
Second Call						

Room Type	Single	Double	Twin	Ex. Bed	Pax	Rate/room/night
Deluxe Room						US\$ 135 net per room per night
Premier Room						US\$ 155 net per room per night
Club Deluxe						US\$ 235 net per room per night
Club Premier						US\$ 255 net per room per night
Club Suite						US\$ 320 net per room per night
Junior Suite						US\$ 420 net per room per night
Executive Suite						US\$ 600 net per room per night
Royal Sokha Suite						US\$ 3,000 net per room per night

Account Instruction					Major credit card accept	Expiry Date
Room incl.ABF to:	<input type="checkbox"/> POA	<input type="checkbox"/> Travel	<input type="checkbox"/> Company	<input type="checkbox"/> Complimentary	Amex:	
Lunch to:	<input type="checkbox"/> POA	<input type="checkbox"/> Travel	<input type="checkbox"/> Company	<input type="checkbox"/> Complimentary	Visa:	
Dinner to:	<input type="checkbox"/> POA	<input type="checkbox"/> Travel	<input type="checkbox"/> Company	<input type="checkbox"/> Complimentary	Master:	
Others to:	<input type="checkbox"/> POA	<input type="checkbox"/> Travel	<input type="checkbox"/> Company	<input type="checkbox"/> Complimentary	Others:	

Preference: Smoking room Non-Smoking room Connecting room Adjacent room Same Floor
 Near Elevator Away from Elevator High Floor Lower Floor Block AB Block CD Block E
 Non-Refundable Booking

Remarks:

Email reservation: rmpp@sokhahotels.com ; reservation.fopp@sokhahotels.com

Taken By:

Date:/...../.....