

RESERVATION REQUEST FORM

(Kindly complete the form and fax to 603-7954 8001 / 7954 8002)



Name :

Company :

Address :

Tel : Fax :

Email :



Requested for	Daily Rate	Half Day Rate
	SITTING ARRANGEMENT	CAPACITY
CLASS ROOM STYLE		16 - 20
ISLAND STYLE		20 - 24
THEATRETTE		20 - 30
"U" SHAPE		20 - 30



Time : To

Date requested : To

Audio Visual Equipment :



Other Requirement :