

Hotel Reservation Form

Ambassador
Bangkok

Attention to Reservation Department – Ambassador Hotel Bangkok Tel: 0-2254-0444 Ext. 1614-1619

Email rsvbkk@amtel.co.th, rsvabkk@amtel.co.th, rsvmbkk@amtel.co.th

Government Name : The 9th International Conference and Exhibition on Pharmaceutical Sciences and Technology (PST2026)

Period :

Send by Name: _____ Tel / Mobile: _____

Room Rates

Standard room	<input type="checkbox"/> Single THB 1,800 net	<input type="checkbox"/> Twin THB 1,800 net
Standard plus	<input type="checkbox"/> Single THB 2,000 net	<input type="checkbox"/> Twin THB 2,000 net
Superior room	<input type="checkbox"/> Single THB 2,100 net	<input type="checkbox"/> Twin THB 2,100 net

- Above room rate is net, inclusive of 10% service charge and 7% VAT
- Above room rate is inclusive of daily breakfast

Please put the no. of room(s) required and the no. of guest (s) in the selected room type

Standard room(Square) _____ Room (s) _____ Person (s)

Metro Plus(Square) _____ Room (s) _____ Person (s)

Superior room(Sky wing) _____ Room (s) _____ Person (s)

Check-in & Check-out Policy

- Check-in time is 14.00 hrs. (arrival) & check-out 12:00 hrs.(departure)
- Early check-in before 10:00 hrs. will be charge 100% of room rate
- Early check-in after 10:00 hrs. till 14.00. will be charged 50% of room rate
- Late check-out after 12.00 hrs. till 18.00 hrs. will be charge 50% of room rate
- Late check-out after 18.00 hrs. will be charge 100% of room rate

Reservation Procedure :

1. Please send the reservation documents and attach the reservation to the reservation department via email.
2. Please bring this reservation slip to show on the day of check-in for convenience and speed in checking.
3. In case of any changes to the date and time of check-in, please inform the reservation department at **least 7 days** in advance.
4. In case of cancelling the reservation, please inform the reservation department at **least 7 days** in advance with the reason for cancelling the reservation.
5. Please make a reservation.

No Show Policy : Please note that if the guests do not Present at the hotel, the entire stays will be charge

First Name 1: _____ Family Name: _____

First Name 2: _____ Family Name: _____

Check-in date _____ Check-out date _____

Telephone: _____ Mobile: _____ Email: _____

For Hotel Use Only

Confirmation No.	Received by:	Date:
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Note: The above prices are reserved for government agencies and tax invoices are issued in the name of government agencies only.