

1ST WORLD CONGRESS ON HEALTHY AGEING

"Evolution: Holistic Ageing in an Age of Change"

19th – 22nd March 2012

Kuala Lumpur, Malaysia



TOUR BOOKING FORM

Please complete and send this form by fax (Phone / Fax: +603 6286 6286) or email (ibtransport@holidaytours.com.my) to Ms Su Hsia

PLEASE TYPE or WRITE CLEARLY IN BLOCK LETTERS.

A) Delegate Details

Title: Prof Dr Mr Mrs Ms

Surname: _____ First Name: _____

Job Title: _____

Organisation: _____

Address: _____

Postcode: _____ Country: _____

Tel: () _____ Mobile: () _____ Fax: () _____

Email: _____

B) Optional Tours

Please select the activities by putting a "√" in the appropriate boxes.

Tour		Name registered for the Tour
Golf package (25th October 2011) (Saujana Golf And Country Club) <i>The Golf Package includes 2 ways transfer, green fee per 18 holes, buggy, caddy, insurance.</i> <i>All golfers must produce their handicap card upon registration</i>	RM 720 per person <input type="checkbox"/> A) Golfing 0900hr – 1400hr <input type="checkbox"/> B) Golfing 1100hr – 1600hr	_____ _____ _____ _____
Optional Tours (25th October 2011) A) Half Day Best of Kuala Lumpur City Tour (4hrs) B) Full Day Genting Tour (8hrs) C) Full Day Melaka Tour (8hrs) D) Half Day City Parks & Garden Tours (4hrs) E) Full Day Lanchang Elephant Sanctuary (8hrs) <i>Notes:-</i> <i>The tours will depart with the minimum of 2 participants</i> <i>Tours will depart at 0900 hr</i>	<input type="checkbox"/> RM 145 Per person <input type="checkbox"/> RM 250 Per person <input type="checkbox"/> RM 280 Per person <input type="checkbox"/> RM 165 per person <input type="checkbox"/> RM 280 Per person	_____ _____ _____ _____ _____ _____ _____

Grand Total

G) Payment

All the fees will be charged in Ringgit Malaysia (RM). Payment can be made via Credit Card by providing information required below:-

Type of Credit Card:

Visa Master

I authorise **Holiday Tours** to debit the total amount of RM _____
from my credit card (details provided below) for the tours I selected and hotel rooms I reserved as above.

Name of Card Holder: _____ Credit Card Number: _____

Expire Date (MM/YY) _____ Card Issued by (Bank): _____

*CBC Code _____

* Visa / Master: The last 3 digit number on the reverse side of your card.

Card Holder's Signature _____ Date _____

Notes:-

- All related bank charges, financial charges or credit card commission (5%) are to be borne by the delegates and are not to be deducted from the fees payable.
- All the booking will only be confirmed upon receipt of FULL credit card details as required above.
- Cancellation less than 7 days prior to the arrival date is subject to a cancellation charge of the FULL payment. The cancellation fees will be charged to the credit card provided above.