Hotel Reservation Form



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

Email rsvbkk@amtel.co.th, rsvmbkk@amtel.co.th Government Name: Thai industrial Pharmacist Association (TIPA) Group Name: 8 Th International Conference and Exhibition on Pharmaceutical Sciences and Technology (PST2025)					
Period	: 11-13 June 2025				
Send by	nd by Name:		Tel / Mobile:		
Room Rates					
	Standard room	☐ Single THB 1,800 net	☐ Twin THB 1,800 net		
	Superior room	☐ Single THB 2,000 net	☐ Twin THB 2,000 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 					
Please put the r	no. or room(s) required and	the no. of guest (s) in the s	selected room type		
S	Standard room	Room (s)	Person (s)		
9	Superior room	Room (s)	Person (s)		
Check-in & Chec	ck-out Policy				
- Check-in tim	ne is 14.00 hrs. (arrival) & ch	eck-out 12:00 hrs.(departu	re)		
- 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-o	out after 18.00 hrs. will be cl	narge 100% of room rate			
Reservation Pro	ocedure :				
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.					
•	changes to the date and tir	me of check-in, please inforr	m 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					
	elling the reservation.				
5. Please make a	a reservation by June 15, 2	2025.			
No Show Policy	: Please note that if the gue	ests do not Present at the ho	otel, the entire stays will be charge		
First Name 1:		Family Name:			
First Name 2:		Family Name:			
Check-in date		Check-out date			
Telephone:	Mo	bile:	Email:		

Note: The above prices are reserved for government agencies and tax invoices are issued in the name of government agencies only.

Date:

Received by:

For Hotel Use Only
Confirmation No.