

Tour Booking Form

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BOOKING DETAILS

Title: Prof Dr Mr Mrs Ms

Name (as per passport): _____

Affiliated Organisation/Institution: _____

Address: _____

Postcode: _____ City: _____

Country: _____

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

E-mail: _____

Please specify your choice of tour : _____ date of travel : _____

number of person : _____

Payment

Enclosed is my total payment of USD/RM _____ to be made through:
(tick appropriate box)

Credit Card
 VISA Mastercard AMEX

Name of Card Holder: _____

Card Number: _____ Expiry Date (mm/yy): _____

Card Issuing Bank: _____

CBC Code: _____

* Visa/Master : The last three digits on the reverse side of your card
Amex : The four digit number on the left/right side of the card

Card Holder's Signature: _____ Date (dd/mm/yy): _____