

Copy Ori Sdn Bhd

Reservation Form

Personal particular Name Identification No. Contact Number Fax/Email Company Name Pax Date of Meeting **Accommodation Request** I wish to make the following booking: a) Type of Room: (Simple/U-**Shape/Conference/Meeting Room)** b) Utilities :.....

(Book, Pen, Projector, Pencl, Paper, Notebook, Microphone)

c)Refreshments:	
(Breakfast/Hi-Tea/Lunch)	
I herby authorizeto charge the relevant ad /Master Card once booking is confirmed .	lministration fee to my Visa
Mode of Payment	
Credit Card Number:	
Card Holder Name :	
Expiration Date :	
Or Cash Transfer	
Payment by cash transfer, please bank in to our accoun	t:
Kindly fax to or Email to the ban	k-in sleep for proof of payment.
Terms and conditions	
All confirmed bookings are subject to immediate charge of successfully charged "NO" cancellation and amendment is a	, , ,
Signature :	Date:

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