



REGISTRATION FORM

Address: , Preah Sihanouk

Tel: 098323363 | E-mail: reservation.otress@vrest.com | Webite: www.vrest-hotel.com

GUEST INFORMATION

First Name* : _____ Last Name* : _____

Arrival Date* : _____ Arrival Time : _____

Dept Date* : _____ Dept Time* : _____

Flight No : _____ Flight Time : _____

Date of Birth : _____ Age : _____ Pax No : _____

Address : _____

Country : _____ Nationality : _____

Passport No : _____ Tel/Mobile : _____

E-mail* : _____ Website : _____

What is the purpose of your visit? _____

How do you know us? _____

METHOD OF PAYMENT

Cash Credit Card Voucher Company Other

Deposited : _____ Invoice No : _____ Deposit Date : _____

Room No : _____ Room Rate : _____ Room Types : _____

REMARK

Guest : _____

Staff : _____

Guest's Signature*

Receptionist