

Attention : Khun Ladda (Reservation Department / Suan Sampran Hotel)

E-mail : hotel@suansampran.com ID Line : rsvn2511

Fax : 034-322775

Tel. 081-3595976 ,034-322588-93 Ext. 5104

Accommodation form for The Higher Mind Retreat

5- 11 May 2020

Guest Name : 1.
2.

Arrival Date :

Departure Date :

No. of Guest :

No. of Room :

Room Type Single Superior Garden Room @ THB 1,800.- per room per night
 Twin Superior Garden Room @ THB 1,800.- per room per night
 Single Superior River Room @ THB 2,300.- per room per night
 Twin Superior River Room @ THB 2,500.- per room per night

Remark : Room included American breakfast

Payment :

Reservation by :

Telephone / E-mail :

Date :

Booking Condition

-100% advanced payment is required. Free cancellation until 01 April 2020. If cancelled within 7 days prior to check-in date, 100 percent of total amount will be charged. No show, 100 percent of total amount will be charged.

PAYMENT METHOD OPTIONS FOR SUAN SAMPRAN

Payment option A – Bank transfer

Please transfer to any of the selected bank accounts below and send us a copy of the bank transfer by email to your contact person.

Bank: Kasikorn Thai Bank
Branch: Sampran
Account name: Rose Garden Hotel Co., Ltd.
Account number: 343-1-01629-9 (Current account)
Swift code: KASITHBK

Payment option B – Paypal or online credit card payment

If you have paypal, and would like to make your payment through your paypal account, our paypal email account is paypal@sampranriverside.com. We will automatically receive a notification once you have made your payment.

Alternatively, we can send you a paypal payment request to make your payment through your paypal account or a secured online credit card transaction. We will automatically receive a notification once you have made your payment.

Payment option C – Manual credit card payment (VISA and MASTERCARD only)

Kindly fill in the following details and provide a photocopy of both the front and back of the credit card with the cardholder's signature and copy of a valid ID as attachment. **All data are required & must be filled in.**

Type of Card: VISA MASTERCARD Expiry Date: _____

Credit Card Number: _____ Serial No.: _____

Printed Name on Card: _____

Amount to be charged: _____

Cardholder's Signature: _____