

**DUANGTAWAN HOTEL, CHIANG MAI  
ROOM RESERVATION FORM  
NARCOTIC ANONYMOUS, on 16-18 February 2024**

**HOTEL** : Duangtawan Hotel, Chiang Mai  
**ADDRESS** : 132 Loykroh Road, Muang Chiang Mai 50100, Thailand  
 Tel. ++66(0) 5390-5000, ext. 3207      Mobile +66(0) 616855454  
 Email : [mujiraki@dtw.co.th](mailto:mujiraki@dtw.co.th) (Ms. Mujira Kitisith, Sales Department)

**GUEST INFORMATION (1)**

**First Name** : ..... **Middle Name** : .....  
**Last Name** : .....  
**Address** : .....  
**Mobile Phone** : ..... **E-mail** : .....

**GUEST INFORMATION (2)**

**First Name** : ..... **Middle Name** : .....  
**Last Name** : .....  
**Address** : .....  
**Mobile Phone** : ..... **E-mail** : .....

**PERIOD OF STAY**

**Check In** : ..... **Expect arrival Time** : .....  
**Check Out** : ..... **Expect departure Time** : .....

**ROOM RATE, INCLUDED DAILY BREAKFAST** (please specify how many as your required)

- SUPERIOR ROOM (SINGLE)      THB    1,600.-PER ROOM PER NIGHT
- SUPERIOR ROOM (TWIN/DOUBLE)      THB    1,800.-PER ROOM PER NIGHT
- DELUXE ROOM (Single)      THB    1,800.-PER ROOM PER NIGHT
- DELUXE ROOM (TWIN/DOUBLE)      THB    2,000.-PER ROOM PER NIGHT

**Request** (ex. Bed-type / Smoke / etc) : .....

**DEPOSIT & PAYMENT** : 1 night advance deposit for room confirmation as following.

**1) Please settle this amount to our bank account details as follows.**

**A/C NAME** : DUANGTAWAN HOTEL CO., LTD.  
**A/C NUMBER** : 025-1-52220-8  
**BANK Name** : BANK OF AYUDHYA PUBLIC COMPANY LIMITED  
**TYPE OF ACC.** : SAVING ACCOUNT  
**BRANCH** : CHIANGMAI  
**BANK ADDRESS** : CHIANGMAI, THAILAND  
**SWIFT CODE** : AYUDTHBK

\*\*\* Kindly send a pay-in slip with conference name & guest's details to the undersigned via email \*\*\*  
 \*\*\* Remark: Client will responsible for Bank charge or Bank transfer payment \*\*\*

**2) Please settle this amount via Credit Card as follows.**

**Cardholder's name** : .....  
**Credit Card Type**: ( ) AMEX ( ) MASTER ( ) VISA ( ) DINERS ( ) OTHERS .....  
**Card Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **Expiration Date** \_\_ / \_\_      **CVV Code\*** .....  
**Amount** : .....      **Signature**.....

Please kindly send the reservation form to Sales Department within 25 January 2024 via email : [mujiraki@dtw.co.th](mailto:mujiraki@dtw.co.th)