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|  | | **29 July – 04 August 2019**  **PADELELA RINONG AQUATIC CENTRE**  **KUCHING, MALAYSIA** |
| **NPC ACCOMMODATION BOOKING FORM** | | |
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| **BOOKING Procedure** | | |
| Please note that only the head of delegation (max 1 person) will be responsible for completing the accommodation booking process of the entire team. For additional information please refer to the Accommodation Guide. | | |
| **VISA REQUIREMENT** | | |
| If any of your delegation require a visa to enter Malaysia, please check with your local High Commission / Embassy / Consulate and send the visa requirement letter to: [paraswimkuching2019@gmail.com](mailto:paraswimkuching2019@gmail.com) by **31st March 2019.** | | |
| **INSURANCE** | | |
| All NPCs are responsible for their own insurance. The LOC will NOT be responsible for any material damage, injuries, loss of property, etc. during your stay in Malaysia. | | |
| **MEDICAL SUPPORT** | | |
| The LOC will provide a team of medical staff that will be present in the venue on training and competition days. | | |
| **TRANSPORT SCHEDULE** | | |
| The hotels are a maximum of 30 minutes travel time (depending on traffic conditions) from the competition venue and wheelchair accessible shuttle buses will be organized to transfer NPCs between accommodation and the venue. | | |
| The payment documents must include the following details: | | |
| **Name of The Recipient** | Paralympic Council of Malaysia (NPC Malaysia) | |
| **Recipient Account Name** | Majlis Paralimpik Malaysia | |
| **Account Number** | 860 330 2100 | |
| **Bank Name** | CIMB Bank Berhad | |
| **Bank Branch Name** | Gleneagles Ampang Branch, Kuala Lumpur | |
| **Bank Address** | Lot 1 Ground Floor, Gleneagles KL New Wing, Jalan Ampang, 50450 Kuala Lumpur, Malaysia | |
| **BIC/SWIFT CODE** | CTBB MYKL | |
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| **The LOC kindly asks each NPC to add the following information to the remittance:** | | |
| **Kuching 2019 Para Swim & Country Name** | | |
| *EXAMPLE: Kuching 2019 Para Swim, France.* | | |
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| We hope that this information will be useful for your organization. Looking forward to meeting you next July!  Best Regards,  **Kuching Para Swimming Organizing Committee 2019 (KUPSOC2019)** | | |

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| **VITAL INFORMATION** | | | |
| DATE OF BOOKING |  | | |
| COUNTRY |  | | |
| NAME OF NPC |  | | |
| ADDRESS OF NPC |  | | |
| TELEPHONE |  | | |
| MOBILE PHONE |  | | |
| EMAIL |  | | |
| HEAD OF DELEGATION |  | | |
| HEAD OF DELEGATION'S PHONE NUMBER |  | | |
| ARRIVAL DATE |  | | |
| DEPARTURE DATE |  | | |
| FLIGHT NO. (Please Leave Blank If Not Confirmed) |  | | |
| TOTAL DELEGATION NUMBER |  | | |
| NUMBER OF WHEELCHAIR USERS |  | | |
|  |  | | |
| **ACCOMMODATION** |  | | |
| 1st Hotel Choice | Please Pick From Below Options | | |
| 2nd Hotel Choice | Please Pick From Below Options | | |
| Total Number of Single Rooms |  | | |
| Total Number of Twin (With 2 Single Beds For 2 People) |  | | |
| Total Number of Double Rooms (With 1 Bed For 2 People) |  | | |
| **HOTEL** | **TYPE A** | **TYPE B** | **TYPE C** |
| **TWIN SHARING ROOM**  **2 BED (Per Person)** | **DOUBLE SHARING**  **ROOM**  **1 BED (Per Person)** | **SINGLE ROOM**  **1 BED (Per Person)** |
| **Grand Margherita Hotel** | 50 Euros | 50 Euros | 70 Euros |
| **Riverside Majestic Hotel** | 50 Euros | 50 Euros | 70 Euros |
| **Astana Wing Hotel** | 50 Euros | 50 Euros | 70 Euros |
| Please complete and submit electronically to [paraswimkuching2019@gmail.com](mailto:paraswimkuching2019@gmail.com) by **15 January 2019. Immediately a**fter submission you will then be contacted directly with a quote.  After you receive the quote please note that **01 February 2019 is the deadline for Booking Requests with 50% deposit payment.** | | | |
| **Please Insert All Additional Comments That May Be Relevant To Your Delegation:** | | | |