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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 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 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:** |