

VIP SERVICES
[COMPLIMENTARY AMENITIES – HOLDING ROOMS]
ORDER FORM

[OF-037]

Please fill out the following details:

Request [1]		
Date:	Start Time: :	End Time: :
Number of Pax:	Location:	
State VIP Details: [Include Name, Designation and Company]		

If applicable, please fill out the table below:

Request [2]		
Date:	Start Time: :	End Time: :
Number of Pax:	Location:	
State VIP Details: [Include Name, Designation and Company]		

If applicable, please fill out the table below:

Request [3]		
Date:	Start Time: :	End Time: :
Number of Pax:	Location:	
State VIP Details: [Include Name, Designation and Company]		

If applicable, please fill out the table below:

Request [4]		
Date:	Start Time: :	End Time: :
Number of Pax:	Location:	
State VIP Details: [Include Name, Designation and Company]		

Supplementary list can be attached if required