

## **HOTEL RESERVATION FORM**

## Hong Kong Academy of Medicine - Tripartite Congress 2019

## at Hong Kong during period of December 5 – 9, 2019

1st Cupet Name , Mr/ Ma/ Mrs. (Last Name)		(First Name)	
1 <sup>st</sup> Guest Name : Mr/ Ms/ Mrs (Last Name) Email:			
2 <sup>nd</sup> Guest Name : Mr/ Ms/ Mrs (Last Name)			
Email:			
Check-In Date : December, 2019	•		(ETA)
Check-out Date :December, 2019			(ETD)
Room Type: City View Room (With Room Size: 300	sq. feet)		
* All above room rates are subject to 10% service charge po		reakfast at LIS Café Inclu reakfasts at LIS Café Inc	ided luded
<ul> <li>Official Check In / Out Time</li> <li>Check-in time is 2:00 pm on the day of arrival</li> <li>Check-out time is 12:00 noon on the day of depart</li> </ul>	arture		
Privileges: - Complimentary Wi-Fi internet access - Complimentary local calls - Complimentary use of gymnasium (sub - Complimentary two bottles of distilled w - Welcome Fruit			
Special Request (subject to availability):- □Non Smoking Floor □Smoking Floor □F	King Bed □Twin	Bed Others:	
Booking Cancellation Policy: Once guaranteed, cancellation made <u>on or before Nov</u> fee. Cancellation made <u>after November 25, 2019 (Mon</u> cancellation fee.			
All reservation must be guaranteed by credit card room charges to be settled upon arrival.	to secure room spac	e only (Union Pay is not	accepted for guarantee). All
Type of Card : UISA MASTER JCB			
Credit Card No.:	<u>             </u>	Expiry Date :	/
Card Holder Name:		Signature : _	
Payment:-         by cash or credit card upon arrival         by Telegraphic Transfer (room payment is requested by hote         by third party payment of credit card (Please fill in the page)			ovided once booking is confirmed)
For Hotel Use:			
Hotel Confirmation Number :		Date:	