

HOTEL RESERVATION FORM - International Conference ICKM 2009

Reservation is valid upon the confirmation of the hotel. For any queries or reservation, please contact us directly or return the reservation form by fax: (852) 2213 6998, email: asm@hoteljen.com

Reservation Information (Must fill in all columns)

Guest Name	Mr/ Mrs/ Ms	Last Name _____	First Name _____
Contact Method	:	Telephone No. () _____	Fax No. () _____
	:	Email : _____	
Number of Rooms	:	_____ Single Bed Room(s)	_____ Double Bed Room(s) _____ Twin Beds Room(s)
Share Room	:	Yes / No (Please fill in Name)	
Arrival Date	:	_____	Flight Details (Estimate time of arrival) : _____
Departure Date	:	_____	Flight Details (Estimate time of departure) : _____
Special Arrangement	:	<input type="checkbox"/> Smoking / <input type="checkbox"/> Non-Smoking Room <input type="checkbox"/> Disabled Room	
Room Rate	:	<p>Standard Room</p> <p><input type="checkbox"/> Standard Room at HK\$495 NET per room per night (for single or double occupancy)</p> <p>The above rate is inclusive of 10% service charge</p> <p>** Privileges</p> <ul style="list-style-type: none"> - Welcome drink upon arrival at Lobby Bar - Welcome Fruit - Complimentary use of Gymnasium - Complimentary local telephone calls (Except calling card & toll fee call charges) - Complimentary hotel shuttle bus to Airport Express Station & other attractions - Buffet breakfast daily at special rate HK\$88 Net per person , advanced reservation is required 	
		<div style="border: 1px dashed black; padding: 5px; width: fit-content;"> <p>Reservation Deadline November 16, 2009</p> </div>	
Payment	:	The payment of room charge and any incidentals charges incurred will be on guest's own account, must be settle upon departure.	
Cancellation Policy	:	First night of the room charges will be applied to the cancellation made (07) seven days prior to the arrival date (i.e. Wednesday, November 25, 2009) Two nights of the room charges will be applied to the cancellation made (03) three days prior to the arrival date (i.e. Wednesday, December 02, 2009)	
Guarantee Information	:	I understand that a Guarantee Deposit equivalent to ONE night room charge (plus 10 % tax / service charge) is required. Please charge these deposit to my credit card as follows:	
		Name of Card Holder	_____
		Credit Card No.	_____
		Expiry Date	_____
		Card Holder's Signature	_____

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