



## ROOM RESERVATION FORM

**“The 5<sup>th</sup> Annual Meeting of GPTCM Research Association in Hong Kong”**  
**8-10 August 2016**  
**Organised by School of Chinese Medicine, HKBU**

**Notes:**

- Please return the completed form to Ms. Alice Kan of Dr. Ng Tor Tai International House by email to [alicekan@hkbu.edu.hk](mailto:alicekan@hkbu.edu.hk), or fax to (852) 2191 9333 **on or before 30 June 2016**.
- Please tick the appropriate box(es) and fill in with BLOCK letters.

Confirmation Number: \_\_\_\_\_ (by NTTIH)

<input checked="" type="checkbox"/> New Reservation on _____ DD _____ MM _____ YY	<input type="checkbox"/> Amendment on _____ DD _____ MM _____ YY	<input type="checkbox"/> Cancellation on _____ DD _____ MM _____ YY
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I. Information of Guest(s)	
Title <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name _____ First Name _____ Check-in Date : _____ DD _____ MM _____ YY Flight Number/Expected Check-in Time* : _____ Check-out Date : _____ DD _____ MM _____ YY Flight Number/Expected Check-out Time* : _____ <i>* The reception counter is closed daily from 2300 hrs to 0730 hrs that no check-in or check-out service is provided during the period.</i> Purpose of Staying at HKBU: <input checked="" type="checkbox"/> Meeting Number of Rooms: _____ Deluxe (HK\$920 per room night) _____ Superior (HK\$585 per room night) Room Rental: <input checked="" type="checkbox"/> Daily Rate <sup>#</sup> : HK\$ _____ per Room Night X _____ Night(s) Sub-total: HK\$ _____ <i># The rate is exclusive of breakfast.</i> Other Items: <input type="checkbox"/> Please specify: _____ HK\$ _____ <b>Total Amount Payable: HK\$ _____</b> <b>Remarks:</b> _____ _____ _____

II. Payment Method	
<input checked="" type="checkbox"/> <b>B. Settled by Guest</b> <input type="checkbox"/> By Credit Card <input type="checkbox"/> By UnionPay Card <input type="checkbox"/> By Cheque <input type="checkbox"/> By Bank Deposit <input type="checkbox"/> By Cash	} (Please fill in and return the credit card authorization form together with the completed reservation form) (Payable to “Hong Kong Baptist University”) (Name and number of bank account: The Bank of East Asia Ltd. 015-204-40-00089-8) (Hong Kong Dollars only)

III. Declaration (to be filled in by Faculty/School/Department/Office)
<p><b>“We declare that we fully understand, accept and undertake to explain to our guests the Terms &amp; Conditions of Room Reservation.”</b></p> Faculty/School/Department/Office : <u>Secretariat, School of Chinese Medicine</u> Name of Dean/Head/Director/Authorized Personnel : _____ Signature : _____ Contact Person : <u>Ms. Ling Tsang</u> Telephone Number : <u>3411 2064</u> Email Address : <u>yltling@hkbu.edu.hk</u> Fax Number : <u>3411 2902</u>

NTTIH Use Only
Handled/Checked by : _____ / _____ Approved by : _____ Remarks : _____ _____



## **Terms and Conditions of Room Reservation**

### **1. Making Room Reservation**

- 1.1 Reservation must be made by HKBU Faculty/School/Department/Office.
- 1.2 Request for room reservation shall be made by forwarding to Dr. Ng Tor Tai International House (“NTTIH”) the duly signed Room Reservation Form which could be downloaded from the website of NTTIH.

### **2. Confirmation of Room Reservation**

To confirm room reservation, NTTIH will fax or email to the Faculty/School/Department/Office concerned the Room Reservation Form with confirmation number.

### **3. Notice Period Required for Amendment of Details of Room Reservation**

- 3.1 Request for cancellation of room reservation, reduction of number of rooms or change of period of stay shall only be accepted if a written request is received:
  - 3.1.1 30 days prior to the original arrival schedule for booking of 1 to 3 rooms.
  - 3.1.2 45 days prior to the original arrival schedule for booking of 4 to 7 rooms.
  - 3.1.3 60 days prior to the original arrival schedule for booking of 8 to 20 rooms.
  - 3.1.4 75 days prior to the original arrival schedule for booking of 21 rooms or above.
- 3.2 Request for change of period of stay shall also be subject to room availability at time of request.

### **4. Payment of Room Rental**

- 4.1 If no written request is received before the required period of notification as stated in Clause 3 above, NTTIH shall assume no further amendment to the room reservation is needed.
- 4.2 Full payment of room rental shall be settled upon completion of the required period of notification as stated in Clause 3.
- 4.3 Under any circumstances, all paid room rentals are neither refundable nor transferable.

### **5. Check-in & Check-out Arrangements**

- 5.1 The earliest check-in time is 1400 hours while the latest check-out time is 1200 noon.
- 5.2 Subject to room availability, surcharge on early check-in / late check-out will be:
  - 5.2.1 Full day rental for check-in before 1400 hours;
  - 5.2.2 Half day rental for check-out after 1200 noon and before 1800 hours; and full day rental for check-out after 1800 hours.
- 5.3 The reception counter is closed daily from 2300 hours to 0730 hours that no check-in or check-out service is provided during the period.
- 5.4 A deposit at HK\$300, which is refundable at time of check-out, shall be collected upon check-in.

### **6. Other charges**

Request for extra bed will be charged at HK\$300 per bed per night.

### **7. NTTIH management reserves the right to revise these terms and conditions without prior notice.**



Dear Guest,

**Settlement of Payment by Credit Card**

Thank you for choosing Dr. Ng Tor Tai International House. Please complete the following Credit Card Payment Authorization Form if you wish to settle the room rental by credit card or UnionPay Card. **The completed form together with a copy of the front and back sides of your credit card** should be sent to us by: fax: (852) 2191 9333, OR email: [nttbook@hkbu.edu.hk](mailto:nttbook@hkbu.edu.hk)

Dr. Ng Tor Tai International House



To: Dr. Ng Tor Tai International House

**Credit Card Payment Authorization Form**

I, \_\_\_\_\_, hereby authorize Hong Kong Baptist University to debit from  
(Full Name of Card Holder)  
my credit card for payment of charges during the period of stay of myself / my guests from \_\_\_\_\_  
DD / MM / YY  
to \_\_\_\_\_ as follows:  
DD / MM / YY

(Please tick where appropriate)

- Room Rental
- Other Items (Please specify: \_\_\_\_\_)

**Total Amount Payable : HK\$** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

- VISA 
- MasterCard 
- UnionPay 

Card Holder's Name: \_\_\_\_\_ Card Issuing Bank: \_\_\_\_\_

Card Validation Number: \_\_\_\_\_ (The 3 digits at the back side of the card)

Card Holder's HKID Card Number / Passport Number: \_\_\_\_\_

Card Holder's Mobile Phone Number: \_\_\_\_\_

**I declare that the information provided in this form is true and accurate.**

Card Holder's Signature: \_\_\_\_\_ (as shown on card) Date: \_\_\_\_\_

( For NTTIH Use Only )	
Handled by: _____	Date _____
Remarks: _____	