

Reservation Form

Please use one form for each reservation and fill in all information

CAES International Conference – Faces of English 2: June 1-3 2017

Guest Name: (Last) (First) Mr / Mrs / Ms	Arrival Date:	Departure Date:
Job Title: Company Name:	Arrival Flight / ETA:	Departure Flight / ETD:
Telephone Number : Facsimile Number :	e-mail address : Marriott Rewards Number:	
ROOM TYPE / RATE: Deluxe City View Room : <input type="checkbox"/> HK\$1,000.00 (Room only) <input type="checkbox"/> HK\$1,100.00 (With 1 buffet breakfast daily) <input type="checkbox"/> HK\$1,200.00 (With 2 buffet breakfasts daily)	Special Request: <input type="checkbox"/> Non-smoking <input type="checkbox"/> Smoking <input type="checkbox"/> Others: <i>* Check In: after 2:00pm / Check Out: 12:00 noon</i>	
	Please arrange Limousine service: (If required) (4-seat) at HK\$800 net (1-way) (7-seat) at HK\$900 net (1-way) Arrival <input type="checkbox"/> Departure <input type="checkbox"/> Arrival <input type="checkbox"/> Departure <input type="checkbox"/> <i>*The above prices are subject to change without prior notice.</i>	

* The above room rates are ***inclusive to 10% service charge***, applicable to both single and double occupancy and includes complimentary use of high speed internet access (wired/wireless).

* The special group rate may be adjusted to our Best Available Rate should all rooms be sold out within the room block.

* Rates are only for delegates attending the above conference.

I / WE AGREE TO GUARANTEE THIS RESERVATION BY THE CREDIT CARD LISTED BELOW:

AMEX VISA MASTER DINERS Others: _____

Card Number: _____ Expiry Date: _____

**** Remarks : Reservation to be confirm by giving valid credit card information for guarantee***

TERMS AND CONDITIONS:

Cancellation/No Show Policy

Please note a “no show” charge of ONE NIGHT will be automatically charged to guest’s credit card, should the guest fail to arrive on the confirmed arrival date. In the event that the guest is a “no show” for the whole reservation period, the hotel will charge the guest’s credit card for the **entire period**.

Any cancellation or amendment is required **on or before May 17, 2017 (Wednesday)**, otherwise the guest will be charged for full duration of stay.

Please return this form to us on or before **May 17, 2017** to our Reservations Department at fax number **(852) 3717-8288** or e-mail **cy.hkgcy.reservation.sales.supv@courtyard.com**. Reservations will be subject to availability and confirmation will be notified by return fax of this form.

FOR HOTEL USE ONLY:

Block Code: “HU5” Sales : PC

Confirmation No.

Confirmed By:

Date:

Remarks :