



RENAISSANCE.
HARBOUR VIEW HOTEL
HONG KONG

Express Fax Reservation Form

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

***The Chinese University of Hong Kong – The “Asian Intensive Care: Coming of age”
Conference
(December 13-15, 2009)***

Guest Name: (Last) (First)	Arrival Date:	Departure Date:
Mr / Mrs / Ms		
Job Title:	Arrival Flight / ETA:	Departure Flight / ETD:
Company Name:	Telephone Number :	
	Facsimile Number :	
	Email:	
Room Type / Room Rate:		Special Request:
Garden View Room (Single/Double/Twin Occupancy)	No. of Rooms	<input type="checkbox"/> Non-smoking
<input type="checkbox"/> HK\$1,300.00 (Room only)	_____	<input type="checkbox"/> Smoking
Harbour View Room (Single/Double/Twin Occupancy)	No. of Rooms	<input type="checkbox"/> Others
<input type="checkbox"/> HK\$1,800.00 (Room only)	_____	_____
Above room rate is quoted on a per room per night basis and is subject to 10% service charge, non-commissionable. Choice of the above rate needs to be confirmed prior to guest's arrival.		
* Confirmation is subject to room availability *		
Airport Limousine Service: (HK\$650.00 net per limousine per way) <input type="checkbox"/> Airport – Hotel <input type="checkbox"/> Hotel – Airport <input type="checkbox"/> Round Trip -The above rate is subject to change without prior notice		
After clearing customs at the airport, kindly proceed to the Meeters and Greeters Hall – our representatives on duty at hotel kiosk (B05) will be delighted to assist you to your transport arrangement. For departure transfer, please contact our hotel associates at the Transportation & Luggage Desk upon checked-in. Thank you!		
I / WE AGREE TO GUARANTEE THIS RESERVATION BY THE CREDIT CARD LISTED BELOW:		
<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> DINERS <input type="checkbox"/> Others		
Card Number: _____		Expiry Date: _____
*Remarks: Valid credit card information for guarantee is required		
TERMS AND CONDITIONS:		
In the event of any cancellation received after <u>November 13, 2009 (Friday)</u> or guest not show up on scheduled arrival date, one (01) night room rental will be debited to the above credit card as late cancellation charge.		
Please return this form to us on or before <u>November 13, 2009 (Friday)</u> to our Reservations Department at fax number (852) 2877 2339 or email to reservations.hkghv@renaissancehotels.com . Reservations will be subject to availability and confirmation will be noticed by return fax/email of this form.		
FOR HOTEL USE ONLY:		
Block Code: “CUH”		
Confirmation No.	Confirmed By:	Date:
Remarks :		