

LTE Asia 2010

Hotel Reservation Form

Kowloon Shangri-La Hotel, Hong Kong, 6 to 9 September 2010

New Booking Amendment Cancellation

To:	Ms Bella Chan	From:	_____
Company:	Kowloon Shangri-La Hotel, Hong Kong	Company:	_____
Tel:	+852 2733 8790	Tel:	_____
Fax:	+852 2311 2579	Fax:	_____
E-mail:	Bella.chan@shangri-la.com	E-mail:	_____

Guest's Information

Mr / Ms / Dr	_____	_____
	Last Name	Given Name
Company Name	_____	
Company Address	_____	
Zip/ City Code	_____	Country

Reservation Requirements

Room Type	<input type="checkbox"/> Superior City Single Room at HKD1,700.00 per room per night basis				
(Please ✓)	<input type="checkbox"/> Deluxe Harbour View Single Room at HKD2,200.00 per room per night basis				
All rates quoted above are subject to 10% service charge					
Rates quoted above is a room only rate					
Date in:	_____	Date out:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arrival	_____	_____	_____	Airport Transfer	
	Date	Flight Number	ETA		
Departure	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date	Flight Number	ETD	Airport Transfer	
Airport transfer is chargeable at HKD690.00 net per car per way.					

Guest's Preference

<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking	<input type="checkbox"/> Other Special Requests:
		<input type="checkbox"/> Vegetarian

Payment Instructions

<input type="checkbox"/> All charges on guest's own account	
All reservations must be guaranteed with valid credit card for room reservation confirmation.	
Standard check-in time is 1400hrs on the day of check-in and check-out is at 12 noon	
a) Cancellation made less than 4 weeks (9 August 2010) prior to arrival will be subject to full cancellation for each night cancelled.	
b) Any shortening of stay advised less than 7 days prior to arrival will be charged for each room night cancelled.	
c) Any NO SHOWS on the day of arrival will be subject to a penalty for the full period and the space for the subsequent nights will be released.	
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Diners Club <input type="checkbox"/> JCB
Credit Card Number:	_____ Expiry Date _____
Card Holder's Name	_____
Signature:	_____ Date _____

Remarks: -

All reservation forms to be submitted by 9 August 2010 after which rooms will be subject to availability.

Hotel Confirmation

Room Rate	Confirmation Number	Confirmed by	Date
_____	_____	_____	_____

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