

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 (Please ✓)	<input type="checkbox"/> Superior City Single Room at HKD1,700.00 per room per night basis	
	<input type="checkbox"/> Superior City Double / Twin Room at HKD2,000.00 per room per night basis	
	<input type="checkbox"/> Deluxe Harbour View Single Room at HKD2,200.00 per room per night basis	
	<input type="checkbox"/> Deluxe Harbour View Double / Twin Room at HKD2,500.00 per room per night basis	
All rates quoted above are		
● subject to 10% service charge		
Rates quoted is inclusive of American Buffet Breakfast in Café Kool (1 for single and 2 for double)		
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 4 weeks 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
_____	_____	_____	_____

IBC070909