

HK Society of Professional Optometrists
Room Reservation Form
 (Group Code: JW3)



Please return by fax: (852) 3983-0502
 Attention: **Reservations Department**
 Telephone: (852) 3983-0388 (General)
 Email: rsvn@cptko.com

Guest Name Mr./Mrs./Ms./Dr./Prof.		Arrival Date (DD/MM/YY)	Departure Date (DD/MM/YY)
Family Name _____		Arrival Flight / ETA	Departure Date / ETD
First Name _____		(Please fill out the flight details for better arrangement.)	
Title _____			
Company _____		Tel _____	
Email _____		Fax _____	
Address _____			

To enjoy our hotel's Express Check-in Program, please complete the following information:

Passport No _____ Nationality _____ Date of Birth _____

Hotel Transportation Service (At HK\$900 ~ HK\$950 net per vehicle per one single trip)

Not Required
 Airport to Hotel
 Hotel to Airport
 Round Trip

*For the above transportation service, please proceed to the Concierge (right hand side of the Front Desk) located at Hotel Lobby (G/F) in Crowne Plaza Hong Kong Kowloon East

Room Requirement (As only limited room block is reserved, bookings are processed on a first-come-first-served basis and subject to confirmation by hotel. All reservations made after **13 April 2016** are subject to availability and the following rates may not be offered)

ROOM RATE (Single / Double Occupancy)
 The below rates are valid for the staying period **27-29 April 2016** and inclusive of in-room internet access.

NO. OF ROOMS REQUIRED	ROOM CATEGORY
	Holiday Inn Express Hong Kong Kowloon East
	<input type="checkbox"/> Standard Room Rate at HK\$700+10% (incl. 2 pax buffet breakfast per room per night)

Special Request

Bed Type Single Bed Double Bed

Other Requirements

Non-Smoking
 Smoking
 Connecting Rooms
 Additional Bed (Charge at HK\$400.00 plus 10% service charge)

For Reservation Office Use Only:

Hotel Confirmation Number: _____

Confirmed by: _____

Reservations Guarantee (Reservation is only confirmed with the completion of the following information.)

Credit Card

Credit Card Type _____ Expiry Date _____

Credit Card No. _____

- Any cancellations or shortening of stay received after **20 April 2016** or "no-show" on the day of arrival, penalty charge of full duration will be debited from your credit card. (Penalty will automatically apply to the credit card without further notice.)

Print Name _____

Credit Card Holder Signature _____

Remarks: