

Room Reservation Form

Please complete this form in capital letters and return it to **Reservation Department by email:** <u>rv.reserve@cosmos-hotel.com.tw</u> or fax. +886-2-23118921 by the deadline of Friday, 18 October 2013. Please note reservation is confirmed at the time of booking subject to availability by receiving the official confirmation letter from Cosmos Hotel.

Event Name : The 11th Asia Pacific Congress of Endoscopic and Laparoscopic Surgery (ELSA 2013)Event Date : 21th November 2013 ~ 24th November 2013

Check in date:		0	
Contact Tel:		Contact Fax:	
E-mail:			
Room Type:	□ Superior Single Room	NT\$3,300NET with 1 buffet breakfast (1 double bed)	
	□ Superior Double Room	NT\$3,600NET with 2 buffet break	fasts (1 double bed)
	□ Superior Twin Room	NT\$3,600NET with 2 buffet break	fasts (2 single beds)
Number of gue	1		
Guaranteed:		ICB Credit Card Number:	
Expired Date: _		Authorized Signature:	
Above room	n rates are quoted on a per room, p	er night basis.	
Above room	n rate includes daily mineral bottle	water, free wireless internet access in roo	m and free use of fitness center.
• Any upgrad	e or other change from room type	offered, additional charge will apply.	
• Credit card without not		ccessful reservation. Any non-guarante	eed reservation will not be accepted
		r to the arrival date. For any no-show o charged from the guaranteed credit ca	or late cancellation (15:00pm, Sunday, 17 th rd.
	your reservation is confirmed a Cosmos Hotel, advance booking		lity by receiving the official confirmation
For guestroom 1	reservation or any inquiry, pleas	e contact "Reservation Department"	
-	3118901 Fax:+886 2 2311892	_	.com.tw
FOR HOTEL	USE ONLY		
Confirmation Number :		Confirmed Room Type :	
Remark :		Confirmed by :	
		Date :	