

Hotel reservation form

The 11th Asia Pacific Congress of Endoscopic and Laparoscopic Surgery November 21st -November 24th, 2013

Attention: CAESAR PARK HOTEL TAIPEI -Sales & Marketing Dept. Ms. Kitty Hsu

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New Booking Amendment	Cancellation	Date :	/	/
Guest Details (Please TYPE o	or PRINT Clearly in CAPITAL LI	ETTERS)		
Salutation: Mr. Mrs. Mrs.	Dr. Prof.			
Surname:	First Name:			
Company Name:			_	
Mailing Address:			_	
Геl: Fax:				
Nationality:	Birthday (mm/dd/yy): _			
Arrival Date (mm/dd):	Flight No :	Arrival Time):	
Departure Date (mm/dd):	Flight No :			
Room Type				
☐ Superior Single Room	NT\$ 4,300+10%(with ONE daily buffet breakfast)			
Superior Twin Room	NT\$ 4,800+10% (with TWO daily buffet breakfast)			
☐ Metropolis Single Room	NT\$ 5,000+10% (with ONE daily buffet breakfast)			
☐ Metropolis Twin Room	NT\$ 5,500+10% (with TWO daily buffet breakfast)			
additional one night room charge. - The Hotel will send a written confirmatio	n upon receipt of the completed form. Perved basis. Reservations are NOT confirments.			
Airport Transportation (from Ta		ed until the noter send	is a comminat	ion number
■ Not required ■ YES, NT\$1880net per trip per limo, sl *Limousine service must be guaranteed by c Show" charge.	nare car with	-	_	
Payment Details				
Credit Card: VISA MasterCard	•	Expiry Date:	/ (MM/YY)	
Card Holder Name (printed):		Security Code:		
Authorized Signature:		Date:		
No reservation will be accepted wi within 72 hours of the arrival date, or	thout credit card details. In case of no one night deposit will be charged.	-show on the arriv	al date or c	ancellation

Please return this form by the deadline date of October 21st, 2013. Please do not hesitate to contact us if you have any inquiries.

38, Chung Hsiao W. Rd., Sec. 1, Taipei, 100 Taiwan, R.O.C.