

#### 吴多泰博士國際中心 NTT International House

# **ROOM RESERVATION FORM**

Please tick the appropriate box(es) and fill in with BL	OCK letters.	Confirmation Nu	nber: (by NTTIH)	
New Reservation on	Amendment on		Cancellation on	
DDMMYY	DD	MMYY	DDMMYY	
I. Information of Guest(s)				
Title	Last Name	<u>First N</u>	Jame	
Prof. Dr. Mr. Ms. M.	ſS.			
Prof. Dr. Mr. Ms. M.				
			Time* :	
			at Time* :	
* The reception counter is closed on Mondays to So check-in or check-out service is provided during t		0900 hrs., and the wi	hole day of Sundays and Public Holidays that no	
	ence/Seminar/Workshop (please specify) :	Meeting	U Visit	
Number of Rooms: Deluxe		Superior <sup>#</sup>		
# Room type of Superior is only available in July		Portor		
	per	· Room Night X	Night(s)	
	· · · · · · · · · · · · · · · · · · ·		rate shall apply for extension of monthly package.	
HK\$			Month(s)	
Odd Day Rate: HK\$	per	Room Night X	Night(s)	
Sub-total: HK\$				
		H	IK\$	
Remarks:				
II. Payment Method           II. Payment Method           A. Internal Transfer from Account of I				
A. Internal Transfer from Account of Faculty/Department/School/Office :	e	Accour	t Number :	
Name of Budget Controller :		AccourSignatu		
B. Settled by Guest		Signatu		
By Credit Card				
By UnionPay Card } (Please fill in and return the credit card authorization form together with the completed reservation form)				
<ul> <li>By Cheque (Payable to "Hong Kong Baptist University")</li> <li>By Bank Deposit (Name and number of bank account: Hang Seng Bank Limited 024-283-338366-018)</li> </ul>				
	umber of bank account: Han Dollars only)	ig Seng Bank Limited	024-283-338366-018)	
III. Declaration (to be filled in by Faculty/Schoo				
"We fully understand and accept the possib		nvenience caused	by extensive construction works under the	
Jockey Club Campus of Creativity (Jo				
our group members / guests who are going				
undertake to explain to our group members	/ guests the Terms & Co	onditions of Room	Reservation."	
Faculty/School/Department/Office	:	~		
Name of Dean/Head/Director/Authorized Personnel	:	Signatur		
Contact Person Email Address	:	Fax Nu	ne Number :	
	•	Fax Nu		
NTTIH Use Only				
Handled/Checked by :	1	Approv	ed by :	



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## **Terms and Conditions of Room Reservation**

### 1. Making Room Reservation

- 1.1 Reservation must be made by HKBU Faculty/School/Department/Office.
- 1.2 Request for room reservation shall be made by forwarding to Dr. Ng Tor Tai International House ("NTTIH") the duly signed Room Reservation Form which could be downloaded from the website of NTTIH.

#### 2. Confirmation of Room Reservation

To confirm room reservation, NTTIH will fax or email to the Faculty/School/Department/Office concerned the Room Reservation Form with confirmation number.

#### 3. Notice Period Required for Amendment of Details of Room Reservation

- 3.1 Request for cancellation of room reservation, reduction of number of rooms or change of period of stay shall only be accepted if a written request is received:
  - 3.1.1 30 days prior to the original arrival schedule for booking of 1 to 3 rooms.
  - 3.1.2 45 days prior to the original arrival schedule for booking of 4 to 7 rooms.
  - 3.1.3 60 days prior to the original arrival schedule for booking of 8 rooms or above.
- 3.2 Request for change of period of stay shall also be subject to room availability at time of request.

#### 4. Payment of Room Rental

- 4.1 If no written request is received before the required period of notification as stated in Clause 3 above, NTTIH shall assume no further amendment to the room reservation is needed.
- 4.2 Full payment of room rental shall be settled upon completion of the required period of notification as stated in Clause 3.
- 4.3 Under any circumstances, all paid room rentals are neither refundable nor transferable.

#### 5. Check-in & Check-out Arrangements

- 5.1 The earliest check-in time is 1400 hours while the latest check-out time is 1200 noon.
- 5.2 Subject to room availability, surcharge on early check-in / late check-out will be:
  - 5.2.1 Full day rental for check-in before 1400 hours;
  - 5.2.2 Half day rental for check-out after 1200 noon and before 1800 hours; and full day rental for checkout after 1800 hours.
- 5.3 The reception counter is closed on Mondays to Saturdays from 1800 hrs. to 0900 hrs., and the whole day of Sundays and Public Holidays that no check-in or check-out service is provided during the period.

#### 6. Other Charges

Request for extra bed will be charged at HK\$300 per bed per night.

### 7. Construction Works under the Jockey Club Campus of Creativity (JC<sup>3</sup>) Project

- 7.1 Extensive construction works under the JC<sup>3</sup> project site, which is adjacent to NTTIH, are carried out until 2023-24.
- 7.2 During the work periods, some nuisances like noise, dust, smell and vibration will inevitably be generated that will cause disturbance and inconvenience to guests.
- 8. NTTIH management reserves the right to revise these terms and conditions without prior notice.



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Dear Guests,

### Credit Card Payment Authorization Form

		To guarantee your room reservation, please complete the
C C	•	m and send the Form, and a copy of the front and back
sides of your credit car		
Fax: (852) 2191 9333, 0	OR Email: <u>nttbook@hkbu.ec</u>	<u>du.hk</u> NTT International House
++++++	+++++++	+ + + + + + + + + + + + + + + + + + +
To: NTT International H	louse	
	<u>Credit Card I</u>	Payment Authorization
		ereby authorize Hong Kong Baptist University to debit from my
(Full name of Care	,	
	unt indicated below for payme	
	riate box and complete in B	LOCK LETTERS.)
<b>Room Rental</b>		
Period of stay	: From	to ( ) night(s)
Room rate	: HK\$	per room per night
Sub-total	: HK\$	
<b>Other Item(s)</b>		
For one-off payment of	f HK\$	(please state the amount) for settlement of
		(please specify).
Total amount payab	le : HK\$	
Credit Card No:		Expiry Date:
VISA VISA	☐ MasterCard	MasterCarci Union Pay
Card Holder's Name:		Card Issuing Bank:
Card Validation No:	(3	digits on the signature panel at the back side of the credit card)
Card Holder's HKID Ca	rd No. / Passport No	
Card Holder's Day-time	Telephone No	
I declare that the information	ation provided in this form is t	true and accurate.
Card Holder's Signature	:	(as shown on card) Date:
		Date