

ROOM RESERVATION FORM

Please tick the appropriate box(es) and fill in with BLOCK letters.

Confirmation Number: _____ (by NTTIH)

<input type="checkbox"/> New Reservation on _____ DD _____ MM _____ YY	<input type="checkbox"/> Amendment on _____ DD _____ MM _____ YY	<input type="checkbox"/> Cancellation on _____ DD _____ MM _____ YY
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I. Information of Guest(s)

<u>Title</u>	<u>Last Name</u>	<u>First Name</u>
<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____
<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____

 Check-in Date : _____ DD _____ MM _____ YY Flight Number/Expected Check-in Time* : _____
 Check-out Date : _____ DD _____ MM _____ YY Flight Number/Expected Check-out Time* : _____

** 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.*

 Purpose of Staying at HKBU: Conference/Seminar/Workshop Meeting Visit
 Others (please specify) : _____

Number of Rooms: _____ Deluxe _____ Suite _____ Superior#

Room type of Superior is only available in July and August.

 Room Rental: Daily Rate: HK\$ _____ per Room Night X _____ Night(s)
 Monthly Package: _____
 (Calculated on basis of 30 consecutive nights. Odd day rate shall apply for extension of monthly package.)
 HK\$ _____ per Month X _____ Month(s)
 Odd Day Rate: HK\$ _____ per Room Night X _____ Night(s)
 Sub-total: HK\$ _____

 Other Items: Please specify: _____ HK\$ _____

Total Amount Payable: **HK\$** _____

Remarks: _____

II. Payment Method
 A. Internal Transfer from Account of Booking Unit

 Faculty/Department/School/Office : _____ Account Number : _____
 Name of Budget Controller : _____ Signature : _____

 B. Settled by Guest

<input type="checkbox"/> By Credit Card	}	(Please fill in and return the credit card authorization form together with the completed reservation form)
<input type="checkbox"/> By UnionPay Card		
<input type="checkbox"/> By Cheque	(Payable to “Hong Kong Baptist University”)	
<input type="checkbox"/> By Bank Deposit	(Name and number of bank account: Hang Seng Bank Ltd. 024-283-338366-018)	
<input type="checkbox"/> By Cash	(Hong Kong Dollars only)	

III. Declaration (to be filled in by Faculty/School/Department/Office)
“We declare that we fully understand, accept and undertake to explain to our group members / guests the Terms & Conditions of Room Reservation.”

 Faculty/School/Department/Office : _____
 Name of Dean/Head/Director/Authorized Personnel : _____ Signature : _____
 Contact Person : _____ Telephone Number : _____
 Email Address : _____ Fax Number : _____

NTTIH Use Only

 Handled/Checked by : _____ / _____ Approved by : _____
 Remarks : _____

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 check-out 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. NTTIH management reserves the right to revise these terms and conditions without prior notice.

Dear Guests,

Credit Card Payment Authorization Form

Thank you for choosing NTT International House. To guarantee your room reservation, please complete the following Credit Card Payment Authorization Form and send **the Form, and a copy of the front and back sides of your credit card** to us by:-

Fax: (852) 2191 9333, OR Email: nttbook@hkbu.edu.hk

NTT International House



To: NTT International House

Credit Card Payment Authorization

I, _____, hereby authorize Hong Kong Baptist University to debit from my
(Full name of Card Holder)
credit card the total amount indicated below for payment of:

(Please tick the appropriate box and complete in BLOCK LETTERS.)

Room Rental

Period of stay : From _____ to _____ () night(s)
Room rate : HK\$ _____ per room per night
Sub-total : HK\$ _____

Other Item(s)

For one-off payment of HK\$ _____ (please state the amount) for settlement of
_____ (please specify).

Total amount payable : HK\$ _____

Credit Card No: _____ Expiry Date: _____

VISA  MasterCard  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 Card No. / Passport No. _____

Card Holder's Day-time Telephone No. _____

I declare that the information provided in this form is true and accurate.

Card Holder's Signature: _____ (as shown on card) Date: _____

(For NTT Use Only)	
Handled by: _____	Date _____
Remarks: _____	