

## **HOTEL RESERVATION FORM**

Hong Kong College of Radiologists

## 28<sup>th</sup> Annual Scientific Meeting 2020 Accommodation during period of November 6 – 16, 2020

L'hotel Island South is pleased to offer special room rates f made under your name, please complete this form and fa rebeccalee@lhotelgroup.com by latest on or before Oct	ix at <u>(852) 3968 8899</u> or er	mail to Ms. Rebecca I	_ee – Sales Coordinator at
(Friday) is subject to new room rates at time of booking.		Any bookings receive	
1 <sup>st</sup> Guest Name : Mr/ Ms/ Mrs (Last Name)	(Firs	st Name)	
Email:	Telephone Number: Are	a code:	
2 <sup>nd</sup> Guest Name : Mr/ Ms/ Mrs (Last Name)	(Firs	st Name)	
Email:	Telephone Number: Area	a code:	
Check-in Date : November,2020	Flight Details : (Fli	ight Number)	(ETA)
Check-out Date : November,2020	Flight Details : (Fli	ight Number)	(ETD)
Room Type: City View Room (With Room Size: 300 sq.	feet)		
□ Single Occupancy – HK\$ 550.00* : Room with	ONE daily buffet breakfa	st at LIS Café, P3	
□ Double Occupancy – HK\$ 600.00* : Room with	TWO daily buffet breakfa	ast at LIS Café, P3	
* All above room rates are subject to 10% service charge per ro	oom per night.		
Official Check In / Out Time - Check-in time is 2:00 pm on the day of arrival - Check-out time is 12:00 noon on the day of departu	ire		
Privileges: - Complimentary Wi-Fi internet access - Complimentary local calls - Complimentary use of gymnasium and out - Welcome Fruit	tdoor swimming pool (subj	ect to availability)	
Special Request (subject to availability):-	g Bed ⊡Twin Bed	⊡Others:	
Booking Cancellation Policy:-			
Once guaranteed, cancellation made before October 23, 2	<u>2020</u> will subject to one nig	ght room charge as ca	ancellation fee. Cancellation
made on or after October 23, 2020 or no show on the arriv	val date. Whole period roor	m charge will be levie	d as cancellation fee.
All reservation must be guaranteed by credit card to s	secure room space only (	(Union Pay is not ac	cepted for guarantee). All
room charges to be settled upon arrival.			
Type of Card : □VISA □MASTER □JCB			
Credit Card No.: <u>                                     </u>	<u>             </u>	Expiry Date :	/
Card Holder Name:		Signature :	
Payment:-			
by cash or credit card upon arrival			
<ul> <li>by Telegraphic Transfer (room payment is requested by hotel be</li> <li>by third party payment of credit card (Please fill in the provid</li> </ul>			oking is confirmed)
For Hotel Use:			
Hotel Confirmation Number :	_	Date:	