

吳多泰博士國際中心 NTT International House

eLearning Forum Asia 2013

ROOM RESERVATION FORM

Please \square the appropriate box a	nd fill in with BLOCI	K letters.	Confirmation	Number:	-	(to be filled out by NTT)
✓ NEW RESERVATION		AMENDMENT	Γ		CANCELLATION	
I. SOURCE OF RESERVATION						
☐ Reserved by HKBU Faculty/Department/School/Office						
☐ Reserved by HKBU Staff/Student/Alumnus (Staff/Student/Alumnus ID Card No.:)						
☑ Referred by HKBU Faculty	/Department/School	/Office Centre f	or Holistic Teaching ar	nd Learning	g	
☐ Referred by HKBU Staff/St	udent/Alumnus (Na	ne of Referee		Staff/Stud	lent/Alumnus ID Card No.)
II. INFORMATION OF GU						
<u>Title</u>		Last Name]	First Nar	<u>ne</u>	
☐ Prof. ☐ Dr. ☐ Mr.	☐ Ms. ☐ Mrs.					
☐ Prof. ☐ Dr. ☐ Mr.	☐ Ms. ☐ Mrs.					
Arrival date:DD	MM		Expected arrival ti	-		
Departure date:DDMMYY Flight no./Expected departure time:						
Purpose of staying at HKBU			Seminar	□Vis	sit	
	Workshop	Others (please s				
Number of rooms:		IK\$630 nett per roo	•			
	Daily rate: Sub-total:	HK\$p HK\$	er room night X		_Night(s)	
	@HK\$25 X		G	uest(s)		
-	Sub-total:	HK\$				
Total amount payable:	HK\$			-		
* Room rental is exclusive of breakf	· —					
III. INFORMATION OF FACULTY/DEPARTMENT/SCHOOL/OFFICE						
Faculty/Department/School/C						
Contact person	:		Email address	:		
Telephone number	: <u> </u>		Fax	:		
IV. ACKNOWLEDGEMEN	VT					
"We fully understand and accept the possible disturbance and inconvenience caused by the reconstruction work of the University's Campus Expansion Plan during the above period of stay, and undertake to convey the message to our group members/guests who are going to accommodate at NTTIH. We also fully understand and accept the Terms & Conditions for Room Reservation, and undertake to explain these Terms & Conditions to the members/guests."						
Name of Dean/Head/Director/Au	•	-		nature :		
Faculty/Department/School/Office	ce/Organization :		Date	e : <u></u>		
V. PAYMENT METHOD A. Settled by debiting HKBU account						
Account number : Faculty/Department/School/Office :						
Budget controller (Full na	ame) :		gnature :			
B. Settled by guest						
 □ By credit card (Please fill in the credit card authorization form and return together with completed reservation form) □ By UnionPay card 						
 □ By cheque (Please make payable to "Hong Kong Baptist University") □ By bank-in (Name and number of bank account: The Bank of East Asia Ltd. 015-204-40-00089-8) 						
☐ By bank-in	(Name and number	er of bank account:	The Bank of East	Asia Ltd	. 015-204-40-00089-8)	
☐ By cash OFFICE USE ONLY						
		Λ	unt received . II	V¢.		
Official receipt no.:	/		unt received: H	<u> </u>	Damaria	
Handled / Checked by:	/	Appr	oved by:		Remarks:	



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Terms and Conditions for Room Reservation

1. Making Room Reservation

- 1.1 Priority will be given to HKBU Faculties/Departments/Schools/Offices whose bookings are made to serve the university's guests.
- 1.2 Request for room reservation should be made by forwarding NTT the duly signed Room Reservation Form which could be downloaded from the website of NTT.

2. Confirmation of Room Reservation

2.1 To confirm room reservation, NTT will assign and print a confirmation number on the duly completed Room Reservation Form, and have it faxed to the department concerned.

3. Length of Notice Required for Amendment of Details of Room Reservation

- 3.1 Request for cancellation of room reservation, reduction of number of rooms or change of arrival/departure schedule will 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 to 20 rooms.
 - 3.1.4 75 days prior to the original arrival schedule for booking of 21 rooms or above.
- 3.2 Request for change of arrival schedule will 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 notice period as stated in Clause 3 above, NTT shall assume no further amendment to the room reservation is needed. Full payment of room rental settled either by debiting HKBU account or by guest, should be made upon completion of the required notice period.
- 4.2 All paid room rentals are neither refundable nor transferable even in case of no show.

5. Check-in & Check-out Arrangements

- 5.1 Guests could check-in anytime after 1400 hours and have to check-out on or before 1200 noon.
- 5.2 Guests check-out after 1200 noon and before 1800 hours will be subject to a surcharge of half day rental; check-out after 1800 hours will be subject to a surcharge of full day rental. (Odd day rate shall be applied to bookings on monthly basis)
- 5.3 Key deposit at HK\$100 per key is required upon check-in and will be refunded upon check-out.

2012.12



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Dear Guests.

(For NTT Use Only)

Remarks:

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) 2794 2013, OR Email: nttbook@hkbu.edu.hk NTT International House ++++++++++++++++ To: NTT International House **Credit Card Payment Authorization** (Full name of Card Holder) my 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) HK\$ _____per room per night Room rate Sub-total Breakfast Coupon HK\$25 per coupon x HK\$____ Sub-total Other Item(s) For one-off payment of HK\$ (please state the amount) for (please specify). Total amount payable: HK\$_____ Credit Card No: _____Expiry Date: ____ □ VISA **VISA** MasterCard 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: _____

Handled by: Date