

## IUMRS-ICA 2017 Accommodation Reservation Form

Validity: Nov. 5 to Nov. 9, 2017

Please fill in with block letters or type and return this form by fax or mail attention to:  
San Want Hotel Taipei / Reservation Department  
Tel: +886 2 2781 7009 Fax: +886 2 2781 7022 E-mail: [reservation@sanwant.com](mailto:reservation@sanwant.com)

### 1. PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Passport No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Title Prof.Dr.Mr.Mrs.Ms.  
 Institution/Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 2. HOTEL INFORMATION

Room Type	Check-in Date	Check-out Date	Room Rate
Superior Single(one double bed without living room)			NTD3,600net per night
Superior Twin(two single beds without living room)			NTD3,800net per night
Deluxe Single(one king size bed with living room)			NTD3,900net per night
Deluxe Twin(two queen size beds with living room)			NTD4,100net per night

### 3. OTHER REQUESTMENT

### 4. TRANSPORTATION (From Taoyuan Airport to Hotel)

Transportation Type	Arrival Flight/Time	Departure Flight/Time	Yes / No
<b>Skoda</b>	NTD1,800net (upto 3pax)		
<b>Mercedes Benz</b>	NTD2,000net (upto 3pax)		

### Remarks:

1. The room rates are inclusive of one or two daily breakfasts, 10% service charge and 5% tax. SINGLE occupancy room rate becomes TWIN occupancy room rate (Inclusive of two breakfasts/night) if the room is accommodated with two persons.
2. The deadline of room reservation is **Nov. 9, 2017**. According to the room booking status, we will reply you whether the reservation is successful.
3. Hotel check in time is 15:00 hrs and check out time is 12:00 hrs.
4. Reservations must be confirmed with credit card details or one night's deposit. All guaranteed reservations must be cancelled **72 hours** before a local hotel time on the day of arrival to avoid a no show charge. Otherwise, one night's room rate will be levied as cancellation fee.

### 5. PAYMENT MATHOD 付款方式

Credit Card :  Visa  MasterCard  AMEX  JCB  Union Pay Card  \_\_\_\_\_

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

Name of cardholder (Please print): \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

We will send you a reservation confirmation sheet return upon your reservation has been successfully done.