



POUSADA MARINA
INFANTE
皇庭海景酒店

ROYAL INFANTE HARBOUR VIEW HOTEL
RESERVATION FORM

The 49th Session of Codex Committee on Food Additives

CCFA
Due Date for Reservations:
February 10, 2017 (Friday)

Guest Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	(First name)	(Last name)
Arrival Date		Flight	ETA
Departure Date		Flight	ETD
Contact Details	Tel. No.	Fax No.	Email

Room Type Reserved	<p>Please select from below:</p> <p><input type="checkbox"/> Standard Twin-bedded room with city view at MOP\$680.00</p> <p><input type="checkbox"/> Standard Double-bedded room with city view at MOP\$680.00</p> <p><input type="checkbox"/> Deluxe Twin-bedded room with lake view at MOP\$680.00</p> <p><input type="checkbox"/> Deluxe Double-bedded room with lake view at MOP\$680.00</p> <p><i>*All rates quoted above are inclusive 10% service charge & 5% government tax and on per room per night basis</i></p>
Benefits	<ul style="list-style-type: none"> ✧ Buffet breakfast (maximum for two guests per room) at Lakeview Café ✧ Complimentary in-room wifi ✧ Complimentary in-room mini bar set ✧ Free use of indoor swimming pool and gymnastic facilities ✧ Scheduled shuttle bus service
Terms & Conditions	<ul style="list-style-type: none"> ◆ All rates quoted above are applicable for staying period of 15 – 24 March 2017 ◆ All reservations will only be processed if valid credit card details are provided ◆ Advance reservation is required and space is subject to hotel availability ◆ In case of no-show, room charge for the first night's stay will be debited from your credit card and said reservation will be released on the following day ◆ All expenses are on guest's own account and will be settled by valid credit card or cash. Charges for room and breakfast to be settled upon check in while incidental charge (if occurred) to be paid upon check out under the condition that deposit has been paid upon check in ◆ All reservations will be confirmed on a "first come first serve" basis, and confirmation will be returned within 48 hours

I/ We agree to guarantee for this reservation by the credit card listed below and I/ we also understand that the hotel might verify the validity of the said credit card

Type of credit card VISA Card MASTER Card

Name of card holder _____

Credit card number _____

Expiry date _____(month)_____ (year) Card holder signature _____

Please send this reservation to Mr. Elvis Zhang via Fax No. (853) 2883 2000 or Email elvis_zhang@pousadamarinainfante.com. For inquiry, please call us at Tel. No. (853) 8895 3223 or 2883 8333.

OFFICIAL USE

Confirmation No(s) _____

Date _____

Remarks _____

Confirmed by _____