



CCFA Due Date for Reservation 10 February 2017 (Fri)

Hotel Reservation Form

(The 49th Session of Codex Committee on Food Additives)

Select Title: Mr Mrs Ms

*Last Name: _____ *First Name (in full): _____

*Telephone: _____ *Email: _____

*Fax: _____ *Room Type: twin / double bed room (Please Circle)

*No. of Rooms: _____ *No. of Breakfast _____

*Check-in Date: _____ *Check-out Date: _____

Special Request: _____

(E.g. Smoking/Non-smoking floor, Extra Bed)

Room Type: New Superior Room (Twin Bed & Double Bed Room)

Room rate: (Room only)

Sunday to Thursday

Friday

Saturday

MOP680.00 Nett per room per night MOP780.00 Nett per room per night MOP930.00 Nett per room per night

*Staying Period: **15 – 24 March 2017**

*Semi-buffet Breakfast : MOP50.00 nett per person per meal.

*Extra bed: MOP300.00 nett per unit per night.

*The preferential rates are only applicable for reservations **before 10 February 2017**.

The above rates are inclusive of 10% service charge and 5% government tax.

Cut-off Date: Reservation cutoff date is **10 February 2017**.

Cancellation & Amendment:

Any cancellation or amendment should be sent to hotel **on or before 10 February 2017**, otherwise, no cancellation and amendment will be accepted.

No Show:

In case of no show, first night room fee will be charged and whole stay will be cancelled.

Remarks:

*Check in time: 14:00; *Check out time: 12:00;

*For Late check out before 18:00, an additional half-day room rate will be charged.

*For Late check out after 18:00, an additional full-day room rate will be charged.

Please kindly confirm by returning fax or email for reserving room if the above offer meets your requirement. If you have further queries, please do feel free to contact us: booking-mo@innhotel.com

Payment

All charges will be on Guest's own account. Credit card under guest's name will be request for guaranteeing the booking. Once payment is settled, it will be non-refundable and non-transferable.

Credit Card Information

I / We agree to guarantee and pay for the whole period of stay for this reservation by the credit card listed below:

Visa Master Card

Credit Card Number: _____

Credit Card Holder: _____

Expire Date: _____ CCV Code _____

***Please attach a clear copy of the credit card (back and front) to this reservation.**

Card Holder Signature