Annex 6



51st Session Codex Committee on Pesticide Residues

Due Date for Reservation

17 March 2019 (Sun)

	(51st Session Co	dex Committee on Pesticid	e Residues)
Select Title: 🛛 Mr	□ Mrs	\Box Ms	
*Last Name:		*First Name (in full):	
*Telephone:		*Email:	
*Fax:		*Room Type: twin / double	e bed room (Please Circle)
*No. of Rooms:		*No. of Breakfast	
*Check-in Date:		*Check-out Date:	<u>.</u>
Special Request: (E.g. Smoking/Non-sn		ed)	
Room Type: Executiv Room rate: (Room onl		& Double Bed Room)	
Sunday to Th	•	Friday	Saturday
*Buffet Breakfast *Extra bed: MOP: *The preferential			
Cancellation & Amer Any cancellation cancellation and No Show:	n or amendment sho amendment will be a	uld be sent to hotel <u>on or be</u>	fore 17 March 2019, otherwise, no
Remarks:	6	6	
*For Late check *For Late check Please kindly confirm have further queries, p Payment All charges wil	out <u>after</u> 18:00, an ac by returning fax or e lease do feel free to c ll be on guest's ow	additional <u>half-day room rate</u> wilditional <u>full-day room rate</u> wilditional for reserving if the above ontact us: <u>booking-mo@innhotel</u>	l be charged. offer meets your requirement. If you <u>com</u> r guest's name will be request for
Credit Card Informa	• • •		
□I / □We agree to guarar	ntee and pay for the who	ble period of stay for this reservation	on by the credit card listed below:
🗆 Visa	Master Card		
Credit Card Number:			
Credit Card Holder:			
Expire Date:		CCV Code	
<u>*Please attach a clea</u>	ar copy of the credit	card (back and front) to this	reservation.
			Card Holder Signature