

Due Date for Reservation: 5 March 2019 (Tuesday)

ROYAL INFANTE HARBOUR VIEW HOTEL

RESERVATION FORM

51st Session Codex Committee on Pesticide Residues

Guest Name	☐Mr. ☐Ms. ☐Mrs.	(First name)	(Last name)
Arrival Date		Flight	ETA
Departure Date		Flight	ETD
Contact Details	Tel. No.	Fax No.	Email
	D1 1 6 1 1		
Room Type Reserved	Please select from below: Standard Twin-bedded room Standard Double-bedded room Standard Double-bedd		
	12 April 2019(Fri) ~ MOP\$780 per room per night 13 April 2019(Sat) ~ MOP\$880 per room per night 14 April 2019(Sun) ~ MOP\$680 per room per night *All rates quoted above are inclusive 10% service charge & 5% government tax		
Benefits	 ♦ Buffet breakfast (maximum for two guests per room) at Lakeview Café ♦ Complimentary in-room wifi (on a first-come-first-serve basis) ♦ Complimentary in-room mini bar set ♦ Free use of indoor swimming pool and gymnastic facilities ♦ Complimentary scheduled Shuttle Bus Service with assigned routing 		
Terms & Conditions	 ◆ All rates quoted above are applicable for staying period of 05 – 14 April 2019 ◆ Advance reservation is required and space is subject to hotel availability ◆ All reservations will only be processed if valid credit card details are provided ◆ Charges for room and breakfast to be settled in full on or before 22 March 2019 (Friday), or the blockage of rooms will be released by the hotel without further notice. Said payment is non-refundable and will be forfeited if cancellation or deduction of room or room night of stay is received after the said date. ◆ All expenses are on guest's own account and will be settled by valid credit card. ◆ In case of no-show, room charge for the entire stay period will be posted. ◆ Other 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 		
	to pay for the whole period VISA Card MAS	od of stay for this reservation by the TER Card	credit card listed below:
Name of card holder		Credit card number	
Please attach a clea		(back and front) to this reservati	
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 Confirm	ed by