

**Traders Fair 2024
Room Reservation Form**
(Block code: MD2)



Please return by email: coco.lam@cptko.com
Attention: **Sales & Marketing Department**
Telephone: (852) 3983 0321

Guest Name Mr./Mrs./Ms./Dr./Prof. Last Name _____ First Name _____	Arrival Date (DD/MM/YY) Arrival Flight / ETA	Departure Date (DD/MM/YY) Departure Date / ETD
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(Please fill out the flight details for better arrangement.)

Company _____
Tel. _____
Email _____
Address _____

To enjoy our hotel's Express Check-in Program, please complete the following information:

Passport No _____ Nationality _____ Date of Birth _____

Room Requirement (Bookings are processed on a first-come-first-served basis and subject to confirmation by hotel. Booking deadline on **29 November 2024**. Any reservation request made after the aforementioned deadline will be subject to availability and the following rates may be subject to change.)

The below rates are valid for the staying period **13 – 15 December 2024** and inclusive of in-room internet access.
* Room rate is applicable 3 days prior and after the above staying period based on availability.

NO. OF ROOMS REQUIRED	ROOM CATEGORY & ROOM RATE
	Crowne Plaza Hong Kong Kowloon East <input type="checkbox"/> Standard Garden View Room (36 sq. m) – HK\$1,300 room only per room per night <input type="checkbox"/> Standard Garden View Room (36 sq. m) – HK\$1,400 with daily one buffet breakfast per room per night <i>*Above rates are inclusive of 10% service charge per room per night</i>

Special Request
Bed Type King Bed Twin Bed

Other Requirements
 Connecting Rooms (subject to availability)
 Buffet breakfast – room only (charge at HK\$150 net inclusive of 10% service charge)
 Extra Bed – room only (charge at HK\$500 net inclusive of 10% service charge)
 Extra Bed with buffet breakfast for an additional person (charge at HK\$650 net inclusive of 10% service charge)

For Reservation Office Use Only:

Hotel Confirmation Number: _____

Confirmed by: _____

Reservations Guarantee (Reservation is only confirmed with the completion of the following information.)

Credit Card Type VISA MasterCard AMEX JCB
Credit Card No. _____ Expiry Date _____

- Any cancellations or shortening of stay received after **29 November 2024** or “no-show” on the day of arrival, **penalty charge of full duration** will be debited from your credit card.
(Penalty will automatically apply to the credit card without further notice.)

Print Name _____

Credit Card Holder Signature _____

Remarks: