

Room Reservation Form

THE 3rd ASIA PACIFIC ACADEMY OF IMPLANT DENTISTRY INTERNATIONAL CONGRESS

Please type or print in capital letters and send to "Reservation Department" and returns with confirmation letter.email: charming@city-hotel.com.tw or fax +886-2-2707-6468

Event Name:		PACIFIC ACADEMY OF IMPLANT DENTISTRY NAL CONGRESS	
Event Date:	2013/03/08-2012		
Check in date:	Flight:	ETA:	
Check out date:	Flight:	ETA:	
Guest Name: Mr./Mrs.	/Ms.		
Contact Tel:		Contact Fax:	
E-mail:			
Room Type Sir	gle Room		
(NT\$	5,280 with one breakfast)		
Tw			
(NT\$	5,720 with two breakfasts	;)	
		ee, room type requests are subject to availability. 2013 Above room rate include free internet access in room	
Number of guest :	One 🗌 Two		
Guaranteed :	AE VC MC	☐ JBC	
Credit Card Number :		Three digits no.	
Expired Date :		Authorized Signature :	
Airport pick-up Ser	vice(from Tuoyuan Int'l a	hirport to Hotel)	
Lexus NT\$1700 per ca	ar per way		
Please note your credi	t card number is requested	d only as guaranted your room reservation.	
No other change will b	be made unless otherwise	specified	
Thank you			
No.295, Sec. 4, Xinyi R t +886-2-2704 -9546 f +886-2-2707-6468	d., Xinyi Dist., Taipei Cit	ty 110, Taiwan (R.O.C.)	