

Reservation Form IEEE Macau AP/MTT Joint Chapter

Guest's Name:		Arrival Time:	
Check in Date:		Check Out Date :	

Bed Type:

- ◇ Superior Double Bedding Room (One King bed)
- ◇ Superior Twin Bedding Room (Two single beds)

Room Rate (MOP/HKD)

Room Type	16 Nov (Sat)	17 Nov (Sun)	18 Nov (Mon)	19 Nov (Tue)	20 Nov (Wed)	21 Nov (Thu)	22 Nov (Fri)
Superior Room Rate (Room Only)	MOP1080	MOP620	MOP620	MOP620	MOP620	MOP620	MOP670
No. of Rooms (Twin bed)							
No. of Rooms (King bed)							

Remark:

1. Room rates are quoted on a per room per night basis, inclusive of 10% service charge and 5% tourism tax.
2. Above room rates are included breakfast
3. Advance reservation is required to be made at least 10 days prior to the check-in date.
4. Cancellations or amendments will not be entertained after confirmation.
5. Guest check in by above name.
6. Check in time: After 14:00hrs; Check out time: Before 12:00hrs.

<u>For Hotel Use Only</u>
Total Amount: _____ Confirmation Number: _____

Please complete and send back the form with copy of **credit card front and rear page to reservation department Tel.853 8899 6996 Email: Reservation@regencyarthotel.com.mo for confirming your reservation.**