



To : Mandarin Oriental, Hong Kong
Re : Reservation Request Form

Fax : (852) 2903 1626

ICAC - Anti Corruption related Conference Group

via email: mohkg-reservations@mohg.com

* Please send your reservation request to us on or before November 14, 2009. Otherwise, room and rate will be subject to availability upon request.

Guest(s) Information					
Family Name	First Name	Title	Arrival Date & Flight	Departure Date & Flight	
Mr/Mrs/Ms _____	_____	_____	_____	_____	

Room(s) Required (please circle the appropriate column)			
No. of Rooms	Room Category	Special Request (subject to availability upon check-in)	
_____	Superior Room at HK\$2,400	Twin Bed	Smoking
_____	Harbour Room at HK\$3,000	Double Bed	Non-Smoking

*Rate quoted is applied for both single and double occupancy and is subject to 10% service charge per room per night, non-commissionable.
*Rate applies for December 14 to 18, 2009 (four nights) and Pre & Post period of stay (3 Days) will subject to hotel's availability

Method of Payment
Guest's Own Account

Reservation Must Guaranteed By Credit Card			
Credit Card	_____	_____	_____
	Card Holder	Card Number	Expiry Date

Rooms must be guaranteed by credit card. To avoid any cancellation/ late amendment penalty or "no show" charges, cancellations or amendments must be sent in writing to the hotel by 4pm the day prior to arrival (local time). A cancellation number must be obtained as proof of cancellation. If no cancellation is received a penalty of one night's room rate will apply.

Reservation made by	For Hotel Use Only
Name _____	(A) Reservation Confirmed (B) Reservation on Waiting List
Title _____	Room rate per night :
Company _____	Category confirmed :
Address _____	Rate is subject to 10% service charge
Tel. No _____	Reservation Confirmed by
Fax. No. _____ Date _____	Name _____
	Date _____
	Remarks
	Signed by : _____ Date : _____