



**Reservation Form for  
International Conference of Self-Care Trends and Regulations Taipei, Taiwan  
March 21~22, 2018**

To: Sheraton Grand Taipei Hotel – Akihiro Wu/ Sales Manager

Tel: +886 2 23215858 ext. 8000 / Fax: +886 2 23936824

E-mail: [akihiro.wu@sheratongrandtaipei.com](mailto:akihiro.wu@sheratongrandtaipei.com)

New Booking  Amendment  Cancellation  Repeat Guest Date :     /     /

**A. Guest Details (Please TYPE or PRINT Clearly in CAPITAL LETTERS)**

Salutation:  Mr.  Mrs.  Ms.  Dr.  Prof.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nationality: \_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_\_

Arrival Date (mm/dd): \_\_\_\_\_ Flight No : \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Date (mm/dd): \_\_\_\_\_ Flight No : \_\_\_\_\_ Departure Time: \_\_\_\_\_

**B. Room Type**

<input type="checkbox"/> Superior King Room	NT\$ 4,200+15.5% (Including One Daily Buffet Breakfast )
<input type="checkbox"/> Deluxe King Room	NT\$ 4,600+15.5% (Including One Daily Buffet Breakfast )
<input type="checkbox"/> Premier King Room	NT\$ 5,100+15.5% (Including One Daily Buffet Breakfast )
<input type="checkbox"/> Superior King Room	NT\$ 4,700+15.5% (Including Two Daily Buffet Breakfast )
<input type="checkbox"/> Deluxe King or Twin Room	NT\$ 5,100+15.5% (Including Two Daily Buffet Breakfast )
<input type="checkbox"/> Premier King or Twin Room	NT\$ 5,600+15.5% (Including Two Daily Buffet Breakfast)

- Official check-in time is at 15:00 and check-out time is at 12:00 hours. Check-in require prior to 12pm will subject to additional one night room charge. Additional room charge will be applied for late check-out and is upon availability.
- The Hotel will send a written confirmation upon receipt of the completed form.
- Rooms are available on a first-come, first served basis. Reservations are NOT confirmed until the hotel sends a confirmation number.

**D. Payment Details**

Credit Card:  VISA  MasterCard  American Express  JCB

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_(MM/YY)

Card Holder Name (printed): \_\_\_\_\_ Security Code:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

✳ No reservation will be accepted without credit card details. Any cancellation or changes must be advised before 4pm local time THREE days prior to the arrival or entire stay charge will be applied. Please keep cancellation number for further reference.

Please return this form by the deadline date of **March 10, 2018**. Please do not hesitate to contact us if you have any inquiries.