

# Reservation Form Y's Men International

### The 30th Asia Pacific Area Convention 2023

Guest Name: (Last) (First)	Check-in Date:	Check out Date:
Mr / Mrs / Ms		
Arrival Flight / Date:	Departure Flight / Date:	
Area/Region/Country:	Telephone Number : _	
Name of Club:	e-mail address :	
Superior Room (160 ft² / 15 m²)	Premier Plu	s Room (230 ft2 / 21 m²)
** The following special discount is app	<mark>licable for staying fro</mark> i	m November 2 to 6, 2023
ROOM TYPE / RATE:	ROOM TYPE / RATE:	
(Super Early Bird) Cut-off day: on or before 31 May 2023	(Super Early Bird) Cut-of	ff day: on or before <u>31 May 2023</u>
Superior Room ( Double / Twin ):	Premier Plus Room ([	Double / Twin ):
HK\$628* per room, per night	HK\$778* per room	, per night
TERMS AND CONDITIONS:		
Cancellation/No Show Policy		
In the event of any cancellation after 31 May 2023 or guest not show	v up on the scheduled arriva	I date, a "no show"/ late cancellation
charge for the entire period of stay will be debited to the above cred	dit card.	
Please return this form to us on or before $\underline{\textbf{31 May 2023}}$ to our	Reservations Department a	t fax number (852)2771 5238 or e-mail
$\underline{\text{ihrsvn@thecityview.com.hk}}. \ \text{Reservations will be subject to availabil}$	ity and confirmation will be	notified by return email of this form.
ROOM TYPE / RATE:	ROOM TYPE / RATE:	
(Early Bird) cut off day: on or before 31 July 2023	(Early Bird) cut off days	on or before <u>31 July 2023</u>
Superior Room ( Double / Twin ):	Premier Plus Room	( Double / Twin ):
HK\$785* per room, per night	HK\$935* per roor	m, per night
TERMS AND CONDITIONS:		
Cancellation/No Show Policy		
In the event of any cancellation after 31 July 2023 or guest not show	up on the scheduled arrival	date, a "no show"/ late cancellation
charge for the <u>entire period of stay</u> will be debited to the above cre	dit card.	
Please return this form to us on or before 31 July 2023 to our	Reservations Department a	at fax number (852)2771 5238 or e-mail
<u>ihrsvn@thecityview.com.hk</u> . Reservations will be subject to available	ility and confirmation will b	e notified by return email of this form.
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ROOM TYPE / RATE:	ROOM	TYPE / RATE:
From August 1, 2023	From /	August 1, 2023
Superior Room ( $\square$ Double / $\square$ Twin ):	Premi	er Plus Room ( Double / Twin ):
HK\$980* per room, per night	□ ⊦	K\$1130* per room, per night
subject to availability	subjec	t to availability
TERMS AND CONDITIONS:		
Cancellation/No Show Policy		
In the event of any cancellation after 31 July 2023 or g	uest not show up on the	scheduled arrival date, a "no show"/ late cancellation
charge for the <u>entire period of stay</u> will be debited to	to the above credit card	
Please return this form to our Reservations Departm	nent at fax number (8	(2)2771 5238 or e-mail <u>ihrsvn@thecityview.com.hk</u> .
Reservations will be subject to availability and confirm	nation will be notified b	y return email of this form.
> The above room rate is subject to 10% se	rvice charge and is o	n per room per night basis. Hotel Check-in time from
3:00 pm / check-out time is 11:00 am. Any i	room requirement be	yond the group dates will be subject to rate and room
availability.		
Breakfast:		
HK\$110* per person per meal		
☐ One / ☐ Two		
Please Note – The Cityview is committed to pro	viding guests a smok	e-free environment. This hotel is now smoke-free.
I / WE AGREE TO PAY THIS RESERVATION BY	THE CREDIT CARD L	ISTED BELOW:
☐ VISA ☐ MASTER		
Card Number:		Expiry Date:
*Remarks: Reservation to be confirmed by given	ving a valid credit ca	rd information in attached Third Party Credit Card
Form for payment.		
FOR HOTEL USE ONLY:		
Block Code: Sales:		
Confirmation No.	Confirmed By:	Date:













#### THIRD PARTY PAYMENT AUTHORIZATION FORM

TO	: THE CITYVIEW	
I (N	/Ir/ Mrs / Ms)	of Contact Tel No.
agr	ee to be personally liable for the f	full settlement of the charges (specified below) to be incurred by
GU	EST NAME	
Mr	Mrs/Ms	
	Mrs/Ms	
Du	ring his/her stay at The Cityview f	from to
	Guarantee Arrival	
	Room & Tax only	
	Incidental charge only	
	Others (Specify)	
	Please transfer the above account	nt to my room bill
		at to my credit card account as listed below:-
	CARD NU	UMBER EXPIRY DATE
	Visa Card	
	Markar Carl	
ΙA	GREE THAT THIS AGREEME	ENT IS IRREVOCABLE
	dholder's signature	Clerk's initial
امر	unoraci s signature	CICIK S IIIIII ai

In order to facilitate the transaction, please print out this form, fill-in completely and fax it together with copy of both the front and back side of the credit card to Fax: (852) 2771 5238.

請列印及填寫本授權書連同下列信用卡之正面及背面副本傳真至 (852) 2771 5238













## Sample

#### THIRD PARTY PAYMENT AUTHORIZATION FORM

: THE CITYVIEW	
Mr/ Mrs / Ms) <mark>Cardholder name</mark>	of Contact Tel No. <u>+852 123456789</u>
ee to be personally liable for the full s	ettlement of the charges (specified below) to be incurred by
JEST NAME	
/ Mrs/Ms Mr. Chan XXX XXX	
/ Mrs/Ms Ms. Cheung XXX XXX	
ring his/her stay at The Cityview from	Check in date to Check out date
Guarantee Arrival	
Room & Tax only	
Incidental charge only	
Others (Specify)	
Please transfer the above account to Please charge the above account to n	my room bill ny credit card account as listed below:-
CARD NUMB	BER EXPIRY DATE
Visa Card 49xx xxxx xxx	<u>xx 1234</u> <u>11/26</u>
Master Card	
GREE THAT THIS AGREEMENT  Signature	IS IRREVOCABLE
GREE THAT THIS AGREEMENT	IS IRREVOCABLE  Clerk's initial

In order to facilitate the transaction, please print out this form, fill-in completely and fax it together with copy of both the front and back side of the credit card to Fax: (852) 2771 5238.

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