



第十屆泛太平洋國際幹細胞及癌症研究研討會

The 10th Pan Pacific Symposium on Stem Cells and Cancer Research

遠雄悅來大飯店訂房報名表
Farglory Hotel Reservation Form

住客姓名 : Name	(First Name) (Last Name)	性別 : Gender													
服務單位 : Company		職稱 : Title													
聯絡電話 : Phone Number	(公司) 分機 :	手機 : Mobile													
E-mail :															
餐點習慣 : Meal Detail	<input type="checkbox"/> 葷 Non-vegetarian <input type="checkbox"/> 其他 _____ <input type="checkbox"/> 全素 Vegetarian <input type="checkbox"/> 蛋奶素 Ovo - Lacto Vegetarian	人數 : Number of Guests	<input type="checkbox"/> 一人一室 Single Room <input type="checkbox"/> 二人一室 Twin Room												
房價 : Room Rate	<table border="1"> <thead> <tr> <th>房型/ 日期 Room Type/ Date</th> <th>April 14,2017 (Fri)</th> <th>April 15,2017 (Sat)</th> <th>April 16,2017 (Sun)</th> </tr> </thead> <tbody> <tr> <td>Superior Room (Double Bed)</td> <td>NT\$5,280</td> <td>NT\$7,280</td> <td>NT\$5,280</td> </tr> <tr> <td>Superior Room (2 Single Bed)</td> <td>NT\$5,280</td> <td>NT\$7,280</td> <td>NT\$5,280</td> </tr> </tbody> </table>	房型/ 日期 Room Type/ Date	April 14,2017 (Fri)	April 15,2017 (Sat)	April 16,2017 (Sun)	Superior Room (Double Bed)	NT\$5,280	NT\$7,280	NT\$5,280	Superior Room (2 Single Bed)	NT\$5,280	NT\$7,280	NT\$5,280	入住日期 : Arrival Date & Time	
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發票形式 : Invoice Type	<input type="checkbox"/> 二聯式發票 Duplicate Uniform <input type="checkbox"/> 三聯式發票 Triplicate Uniform	統一編號 : Company Tax/Vad ID number													
公司抬頭 : Company of Name															

信用卡授權同意書

Authorization To Charge On Credit Card

發卡銀行 : Issuing Bank		卡別 : Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> JCB
持卡人姓名 : Credit Card Holder		持卡人身份證字號 : ID/Passport Number	
持卡人電話 : Phone Number		持卡人出生年月日 : Date of Birth	
持卡人地址 : Address			
信用卡卡號 : Credit Card Number			
有效年月 : Card Expiration Date		信用卡卡末三碼 : Card Verification Value	
消費總金額 : Total Amount		持卡人簽名 : Holder Signature	
授權刷卡金額請務必填寫		*需與信用卡上簽名相同*	

信用卡持卡人本人_____，特立此信用卡授權同意書，並授權花蓮遠雄悅來大飯店以傳真或影印方式，向持卡人銀行申請信用卡支付上述款項無誤。經確認，持卡人同意依照信用卡使用約定，一經使用或訂房，均應按照所示金額，付款予發卡銀行，並同意以傳真或影印方式訂房，所填之影本及傳真內容具有法律效用。

In lieu of my Credit Card imprint, I _____, hereby authorize Farglory Hotel, Hualien and/or their representative to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies which have been understood by me and undertake not to take a charge back for the above amount.

*報名方式 : 請於行程前填寫完成後傳真或email如下:
Please submit your reservation form to Ms. Nancy Chang

(1)傳真報名: 02-2720-8899

Fax: +886-2-2720-8899

(2)Mail報名: 03154.hh@farglory-hotel.com.tw

Mail: 03154.hh@farglory-hotel.com.tw

並於報名完成後7日內填寫下面信用卡授權書回傳，以利訂金收取。

For guaranteeing room availability, please complete the authorization form below within 7 days after the submission.

*取消政策 : 離住房日期1日前不可取消及變動，如取消將收取100%房帳
Cancellation made 1 day prior to arrival is subject to a hotel fee equal to 100% of deposit.

離住房日期2-7日內取消，如取消將收取90%房帳

Cancellation made between 2 to 7 days prior to arrival is subject to a hotel fee equal to 90% of deposit.

離住房日期8-15日內取消，如取消將收取70%房帳。

Cancellation made between 8 to 15 days prior to arrival is subject to a hotel fee equal to 70% of deposit.

離住房日期16-30日內取消，如取消將收取10%房帳。

Cancellation made between 16 to 30 days prior to arrival is subject to a hotel fee equal to 10% of deposit.

離住房日期31日內取消，如取消將收取0%房帳。

Cancellation made 31 days prior to arrival is free of charge.

有關報名相關問題，請洽: 02-8786-3333分機: 6527 遠雄悅來大飯店 張惠寧

Should you have any question, please don't hesitate to Contact Nancy Chang. Thank you.