

# Housing Form, ISRD2019

Reservation Deadline: September 30, 2019

## 2019 ISRD & ATS Joint Conference

Dates: October 24-27, 2019 Venue: Zhongshan Hospital, Fudan University Shanghai, China

3 EASY steps to book your rooms for ISRD2019 through Housing Manager

**Step 1:** Download the Housing Form

**Step 2:** Complete the form

**Step 3:** Scan the completed form with the signature of the credit card holder, email it as the attachment to: michelle@shanghaimice.com

### Housing Manager

ISRD2019 Housing

Shanghai MICE Service Co.,LTD

Michelle ZHANG

Tel:+86 15618359803

Email:

michelle@shanghaimice.com

<http://www.isrd.org>

## Terms & Conditions:

**Booking Deadline: September 30, 2019**

Bookings after the deadline will be subject to availability.

### Room Rates

The rates are based on a per room per night basis and are **inclusive** of ONE/TWO breakfast (s) per day and a 15% hotel service charge. Each extra bed is at an additional cost, inclusive of one breakfast.

### Confirmation

Confirmation will be sent after each reservation, modification or cancellation. You must show final confirmation letter to the front desk of the hotel upon check-in.

### Guarantee / Payment

All bookings must be guaranteed with credit card or bank transfer.

If you want to do bank transfer, please ask the housing manager for the bank account. Please remember sending bank remittance as the attachment to the housing manager by email.

### Modification / Cancellation

Reservation cancellations must be sent to the **Housing Manager**. ten percent of one-night guarantee will be charged for notification of cancellation received before September 30, 2019. thirty percent of one-night guarantee will be charged from September 30 to October 24, 2019. Any cancellation after October 24, 2019 and **No Show** will result in forfeiture of full booking room nights.

### Special Needs

Special needs concerning the hotel rooms will be well considered but not guaranteed.

**Please read the instructions on the left carefully before completing the form.**

**Important:** All reservations, changes and cancellations must be made through the Housing Manager rather than directly with the hotels.

**I. Send Confirmation to (Please type or print):** Prof. Dr. Mr. Mrs. Ms.

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

(Include Country/city codes)

## II. Hotel Choice

Hotel Name/Category	Room Type	Hotel Rate(RMB) Net Including 15% service charge (Single / Double Occupancy)	Twin Beds Needed	Hotel Rate(RMB) Net Including 15% service charge (One Bed)
<b>5-Star</b>				
Shanghai Marriott Hotel Riverside	Deluxe City View Room	<input type="checkbox"/> 1400 / <input type="checkbox"/> 1500 (2 brkfs)	<input type="checkbox"/> Yes	N/A
<b>SEMI 4-Star</b>				
Shanghai Pine City Hotel	Superior Room	<input type="checkbox"/> 700 / <input type="checkbox"/> 800 (2 brkfs)	<input type="checkbox"/> Yes	N/A
Lee Gardens Hotel Shanghai	Superior Room	<input type="checkbox"/> 700 / <input type="checkbox"/> 800 (2 brkfs)	<input type="checkbox"/> Yes	N/A

**III. Room Occupants** Prof. Dr. Mr. Mrs. Ms.

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Share with (list all occupants): \_\_\_\_\_

## IV. Arrival, Departure Dates and Special Needs

Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

Special Needs: Smoking room Non-Smoking room Handicap-equipped room  
Requests will be treated on a first-come, first-served basis and are subject to space availability. Your preferences will be well considered but not guaranteed.

## V. Guarantee

All bookings must be guaranteed with credit card or by bank transfer.

**DECLARATION:** (Please note that unsigned forms cannot be accepted). I have read and agreed to abide by the payment and cancellation terms, and I understand that this form confirms my accommodation booking. I accept that from now on charges will be imposed for cancelled reservation, and the forfeiture of full booking room nights will be incurred if I am not able to show for any reason.

**Credit Card:** American Express Master Card Visa JCB

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ MM / YY CVC Code \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Cardholder's Name (**Please Print**): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All credit card information and personal information will be kept confidential by SHMICE

**Please make a photocopy of this form for your own reference**