

吳多泰博士國際中心

NTT International House

### The Ninth ICSA International Conference:

# Challenges of Statistical Methods for Interdisciplinary Research and Big Data

20-23 December 2013

Booking Deadline: 4 November 2013

## **ROOM RESERVATION FORM**

Please  the appropriate box as	nd fill in with BLOC	K letters.	Confirm	nation Numb	er:	(to be filled out by NTT)
☐ NEW RESERVATION		☐ AMENDN	MENT		☐ CANCELLATION	
I. SOURCE OF RESERVATION						
☐ Reserved by HKBU Faculty/Department/School/Office						
Reserved by HKBU Staff/Student/Alumnus (Staff/Student/Alumnus ID Card No.:)						
Referred by HKBU Faculty/Department/School/Office  Department of Mathematics						
☐ Referred by HKBU Staff/St		me of Referee		Staff/S	tudent/Alumnus ID Card No.	)
II. INFORMATION OF GU	EST(S)	T ANT		F' ( N		
<u>Title</u>	_	Last Name		<u>First N</u>	<u>ame</u>	
Prof. Dr. Mr.	$\square$ Ms. $\square$ Mrs.					
☐ Prof. ☐ Dr. ☐ Mr.	☐ Ms. ☐ Mrs.					
Arrival date:DD	MM		t no./Expected arri			
Departure date: DD MM YY Flight no./Expected departure time:						
Purpose of staying at HKBU		Meeting	Seminar		Visit	
	Workshop	-	ease specify):			
Number of rooms:		920 nett per ro	=			
	Daily rate:		per room nigh	nt X	Night(s)	
	Sub-total:	HK\$	. 37			
<u> </u>	@HK\$25 X		X		)	
	Sub-total:	HK\$				
Total amount payable:	HK\$					
*Room rental is exclusive of breakfast.						
III. INFORMATION OF FACULTY/DEPARTMENT/SCHOOL/OFFICE Faculty/Department/School/Office :						
Contact person	·		Email add	dross :		
Telephone number	•		Fax	:		
-	•		rax	<u> </u>		
IV. ACKNOWLEDGEMENT  "We fully understand and accept the possible disturbance and inconvenience caused by the reconstruction work of the						
University's Campus Expansion Plan during the above period of stay, and undertake to convey the message to our group						
members/guests who are going to accommodate at NTTIH. We also fully understand and accept the Terms & Conditions						
for Room Reservation, and	undertake to expl	lain these Teri	ns & Conditions t	to the mem	bers/guests."	
Name of Dean/Head/Director/Au	ithorized personnel	:		Signature	:	
Faculty/Department/School/Offic	ce/Organization	:		Date	:	
V. PAYMENT METHOD						
☑ B. Settled by guest						
☐ By credit card	(Please fill in the	credit card aut	horization form an	d return tog	gether with completed res	servation form)
☐ By UnionPay card						
☐ By cheque		_	Kong Baptist Univ	-		
☐ By bank-in☐ By cash	(Name and numb	er of bank acco	ount: The Bank of	East Asia L	td. 015-204-40-00089-8)	)
OFFICE USE ONLY						
Official receipt no. :			Amount received	: HK\$		
Handled / Checked by :	/		Approved by :	· <u>-</u>	Remarks:	



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### **Terms and Conditions for Room Reservation**

#### 1. Making Room Reservation

- 1.1 Priority will be given to HKBU Faculties/Departments/Schools/Offices whose bookings are made to serve the university's guests.
- 1.2 Request for room reservation should be made by forwarding NTT the duly signed Room Reservation Form which could be downloaded from the website of NTT.

#### 2. Confirmation of Room Reservation

2.1 To confirm room reservation, NTT will assign and print a confirmation number on the duly completed Room Reservation Form, and have it faxed to the department concerned.

#### 3. Length of Notice Required for Amendment of Details of Room Reservation

- 3.1 Request for cancellation of room reservation, reduction of number of rooms or change of arrival/departure schedule will only be accepted if a written request is received:
  - 3.1.1 30 days prior to the original arrival schedule for booking of 1 to 3 rooms.
  - 3.1.2 45 days prior to the original arrival schedule for booking of 4 to 7 rooms.
  - 3.1.3 60 days prior to the original arrival schedule for booking of 8 to 20 rooms.
  - 3.1.4 75 days prior to the original arrival schedule for booking of 21 rooms or above.
- 3.2 Request for change of arrival schedule will also be subject to room availability at time of request.

#### 4. Payment of Room Rental

- 4.1 If no written request is received before the required notice period as stated in Clause 3 above, NTT shall assume no further amendment to the room reservation is needed. Full payment of room rental settled either by debiting HKBU account or by guest, should be made upon completion of the required notice period.
- 4.2 All paid room rentals are neither refundable nor transferable even in case of no show.

#### 5. Check-in & Check-out Arrangements

- 5.1 Guests could check-in anytime after 1400 hours and have to check-out on or before 1200 noon.
- 5.2 Guests check-out after 1200 noon and before 1800 hours will be subject to a surcharge of half day rental; check-out after 1800 hours will be subject to a surcharge of full day rental. (Odd day rate shall be applied to bookings on monthly basis)
- 5.3 Key deposit at HK\$100 per key is required upon check-in and will be refunded upon check-out.

2013.02



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Dear Guests.

(For NTT Use Only)

Remarks:

### Credit Card Payment Authorization Form

Thank you for choosing NTT International House. To guarantee your room reservation, please complete the following Credit Card Payment Authorization Form and send the Form, and a copy of the front and

back sides of your credit card to us by:-Fax: (852) 2794 2013, OR Email: nttbook@hkbu.edu.hk NTT International House ++++++++++++++++ To: NTT International House **Credit Card Payment Authorization** (Full name of Card Holder) my credit card the total amount indicated below for payment of: (Please tick the appropriate box and complete in BLOCK LETTERS.) Room Rental Period of stay From \_\_\_\_\_\_ to \_\_\_\_\_ ( ) night(s) HK\$ \_\_\_\_\_per room per night Room rate Sub-total Breakfast Coupon HK\$25 per coupon x HK\$\_\_\_\_ Sub-total Other Item(s) For one-off payment of HK\$ (please state the amount) for (please specify). Total amount payable: HK\$\_\_\_\_\_ Credit Card No: \_\_\_\_\_Expiry Date: \_\_\_\_ □ VISA **VISA** MasterCard MasterCard Union Pay Card Holder's Name:\_\_\_\_\_ Card Issuing Bank: \_\_\_\_\_ Card Validation No: \_\_\_\_\_(3 digits on the signature panel at the back side of the credit card) Card Holder's HKID Card No./Passport No.\_\_\_\_\_ Card Holder's Day-time Telephone No.\_\_\_\_\_ I declare that the information provided in this form is true and accurate. Card Holder's Signature: \_\_\_\_\_\_(as shown on card) Date: \_\_\_\_\_

Handled by: Date