

GoodMore Hotel Shida

No. 147, Section 1, Heping East Road, Daan District, 10644, Taipei, Taiwan

Phone: +886-2-2395-5535 Fax: +886-2-2395-5653

E-MAIL: gm.sd.rsvn@manage-inn.com

Confirmation & Payment Authorization

Please complete the form and send back by E-mail (gm.sd.rsvn@manage-inn.com) before May 31, 2019 to confirm your reservation.

Trease complete the form and solid each of 2 main (simboliz) in comments	and minimum, colore that 51, 2019 to comming our reservation.
A. Guest Contact Information	
☐ Ms. / ☐ Mr.	_
Firse Name:	Family Name:
Date of Birth(yy/mm/dd):	Nationality:
Mobile:	
Email Address:	
Address:	
B. Reservation Details	
Check-in Date (yy/mm/dd) 2019/ /	Check-out date (yy/mm/dd) 2019/ /
Superior Room(Window/Double bed)	Special Discount Rate \$2070/day(for one room)(Sun-Thur), 2250/day(for one room)weekend(Fri \ Sat)
Superior Room(Window/Twin bed)	Special Discount Rate \$2070/day(for one room)(Sun-Thur), 2250/day(for one room)weekend(Fri \ Sat)
	Partner name:
*tax (5%), service fee (10%) and breakfast are included.	i artiici name.
*Smoking is prohibited in all zones including room and facility areas.	
*Please complete the form and send back by E-mail (mail:gm.sd.rsvn@mana	ige-inn.com) before May 31, 2019.
*Please note: Limited rooms with special discount rate are reserved for TISRS 2019&TARS 2019 before May 31, 2019.	
*Room availability will not be guaranteed.(Must be confirmded by Goodmore Hotel)	
*Cancellation Policy:cancellation received within 10 days prior to arrival date will incur the first night charge.	
Failure to arrive at your hotel or property will be treated as a No-Show and no refund will be given (Property policy).	
C. Special Dietary Request (for breakfast):	
☐ Vegetarian	
D. Method of guarantee and advance payment:	
	andit and manidad banin. I cause to man for this transaction in accordance
I authorize Good More Hotel Shida to charge the amount listed below to the with the issuing bank card holder agreement.	credit card provided nerein. I agree to pay for this transaction in accordance
• rate for first night	
Card Type: UVISA MasterCard JCB	
CardNumber:	Exp. Date (MM/YY): /
* To protect your personal identity, in case the name that appears on the credit card is credit card authorization form to be signed by the card owner prior to guest arrival. We	
Card Owner:	
Signarture:	date: