## 國家同步輻射研究中心招待所住宿訂房單 Reservation Form of NSRRC Guest House

申請單位 Applicant Affiliation 申請事由 Purpose of Staying	□員工■個人□企業	NSRRC Use NSRRC Em Individual Corporation IXS 2015	nployee 公司名和	The 9th on In	n Internati nelastic X- mber	ional Confe ray Scatteri <b>22-26,</b> diation Rese , Taiwan	ng 2015	Contact Per 電話: Contact Tel	
房客姓名 Occupant's Name	姓(Surname),名(Given Name)  □Mr. □Ms.				me)	身分證字號/ 護照號碼 ID No. / Passport No.			
抵達日期 Arrival Date	年(Year)月(Month)日(Day)			7)	離開日期 Departure Date			年(Year)月(Month)日(Day)	
住宿夜數 Number of Night	性宿人數 Number of Person Check-			在認 Check 有定式		J達時間 -in Time 退房時間 -out Time			
房型 Room Type	二張單人床 Two Single Beds (including breakfast)  Guest House I: TWD 1,200 間 Room(s)  Guest House II: TWD 1,400 間 Room(s)								
發票抬頭 Invoice Title	付款方式 Type of Payment □ 現金 Cash □ 信用卡 Credit Card								
申請人簽名 Signature of Applicant				Sig	招待所 Signature of Guesthouse				

Fax or email the filled and signed reservation form to NSRRC Guest House.

Room availability will not be confirmed until you are notified by the Guest House.

Fax: +886-3-5775696

Email: guesthouse4130@nsrrc.org.tw

## **Credit Card Authorization Form**

Applicant	First name			Last name						
	Check-in Date			Check-out Date						
Cardholder										
I hereby authorize National Synchrotron Radiation Research Center to charge										
amount of the guest house payment shown below to my credit card.										
TEL No.	(0)		<b>(H</b> )	)						
Fax No.										
Issued Bank			Card	□ VISA	☐ Master ☐ JCB					
Expired Date	Yea	nr Month	Type	☐ AMEX	U Card					
Credit Card No.			][							
Authorized Amount	NTD				Dollar(s) Only					
Signature	( Same as the signature on credit card )									
Once charged, cardholder agrees to pay the above credit card charge to the issuing bank according to the Card Issuer Agreement.										
If Applicant and Card Holder are different, please indicate the relationship:										
employee		relatives								
friends	laasa avulain		colleagues							
Others , please explain										
If this is a business card, check here										
* * * Receipt information * * * (Please specify if the organization title is needed, completion not required for individual)										
Billing information:										

Please complete this form and return it via fax! FAX: +886-3-5783803