

## **Courtyard Taipei**

## **Hotel Accommodation Reservation Card** TAIPEI 台 北 六 福 萬 怡 酒 店 International Association for Cryptologic Research March 07<sup>th</sup> –March 09<sup>th</sup>, 2016

Reservations can be made by completing this form and returning it by fax to Reservations Department, Tel: 886 2 6615 6560, Fax: 886 2 2654 6566 or email: cy.reservation@courtyardtaipei.com by the deadline of Thursday, February 25th, 2016. All reservations at the special group rate are confirmed at the time of booking subject to availability, advance booking is recommended. Courtyard Taipei will send a written confirmation upon receipt of this completed form. Courtyard Taipei is built on top of the Taipei Nangang Metro, High Speed Rail and Taipei Train Station, making it quick and simple to travel around Taipei City being just four stops away from Taipei's Landmark 101.

| Title Country code/ Area code/ Tel# Country code/ | Name                                                                                                                                                 | Mr / Ms / Mrs                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |  |
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| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      | (Circle one)                                                                                                                                                                  | _ast / Family Name                                                                                                                         |                                                                                                                                                          | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |  |
| Country code/ Area code/ Tel#  Email Address  Arrival Date  Departure Date  TYPE OF ROOM:  Single / Double Occupancy  NT\$5,850+15.5% / NT\$6,900 +15.5% NT\$12,000+15.5% / NT\$12,600+15.5%  ROOM PREFERENCE:  The above room rates are subject to 15.5% service charge and government tax per room per night.  The above room rates are inclusive of basic wireless internet connection and American buffet breakfast at one for single occupancy at two for double occupancy, served at Sunrise Restaurant (Lobby Floor). Additional breakfast is available through Room Service or Sunrise Restaurant where International Buffet Breakfast is served, priced at NT\$600 + 10% service charge per person per day.  Room preference requirement is subject to room availability upon check-in.  Cancellations received after 18:00 pm, Thursday, February 25th, 2016, late cancellation fee of one night's charge will apply.  Kindly noted that hotel official check-in time is 15:00 and check-out time is 12 noon.  Effective 11 January 2009, hotel will comply with government's anti-smoking law. All rooms will be NON-Smoking in the Hotel.  TAIPEI TAOYUAN INT'L AIRPORT TRANSPORT SERVICES: (Rate is subject to change without further notice)  Arrival Flight/Time:  Departure Flight/Time:  Departure Flight/Time:  Elimousine at NT\$2,800 per car per trip from Taipei Taoyuan International Airport to the hotel.  Guest own arrangement.  Other option: Public Airport Bus -TBA.  I will guarantee my reservation with: (please be advised that reservation will only be confirmed given the following information.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                            | Company                                                                                                                                                  | - <u>-</u> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>                    |  |
| Email Address  Arrival Date  Departure Date  TYPE OF ROOM:  Single / Double Occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                            | Facsimile                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |  |
| Arrival Date Departure Date  TYPE OF ROOM: Single / Double Occupancy 2016 Published Rate  [ ] Superior Room(11 Pin/36 Sqm) NT\$5,850+15.5% / NT\$6,900 +15.5% NT\$12,000+15.5% / NT\$12,600+15.5%  ROOM PREFERENCE: [ ] 1 KING BED [ ] 2 TWIN BEDS  Terms & Condition:  • Above room rates are subject to 15.5% service charge and government tax per room per night.  • The above room rates are inclusive of basic wireless internet connection and American buffet breakfast at one for single occupancy are two for double occupancy, served at Sunrise Restaurant (Lobby Floor). Additional breakfast is available through Room Service or Sunrise Restaurant where International Buffet Breakfast is served, priced at NT\$600 + 10% service charge per person per day.  • Room preference requirement is subject to room availability upon check-in.  • Cancellations received after 18:00 pm, Thursday, February 25 <sup>th</sup> , 2016, late cancellation fee of one night's charge will apply.  • Kindly noted that hotel official check-in time is 15:00 and check-out time is 12 noon.  • Effective 11 January 2009, hotel will comply with government's anti-smoking law. All rooms will be NON-Smoking in the Hotel.  TAIPEI TAOYUAN INT'L AIRPORT TRANSPORT SERVICES: (Rate is subject to change without further notice)  Arrival Flight/Time: Departure Flight/Time:  [ ] Limousine at NT\$2,800 per car per trip from Taipei Taoyuan International Airport to the hotel.  [ ] Guest own arrangement.  Other option: Public Airport Bus -TBA.  I will guarantee my reservation with: (please be advised that reservation will only be confirmed given the following information.)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      | Country code/ Area co                                                                                                                                                         | de/ Tel#                                                                                                                                   |                                                                                                                                                          | Country code/ Area code/ Tel#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |  |
| TYPE OF ROOM:    Single   Double Occupancy   2016 Published Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Email Address                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |  |
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| Arrival Flight/Time: Departure Flight/T                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul> <li>Above room in the above room two for doubted Sunrise Resta</li> <li>Room prefere</li> <li>Cancellations</li> <li>Kindly noted to</li> </ul> | rates are subject to 15.5 pom rates are inclusive code occupancy, served a surant where Internation ence requirement is subjected after 18:00 pn that hotel official check-in | of basic wireless interiat Sunrise Restaurant nal Buffet Breakfast is ject to room availabilin, Thursday, February natime is 15:00 and che | net connection and a<br>(Lobby Floor). Add<br>served, priced at NT:<br>ty upon check-in.<br>25 <sup>th</sup> , 2016, late cand<br>eck-out time is 12 noc | American buffet breakfast at one for sitional breakfast is available through \$600 + 10% service charge per person person for the control of t | Room Service or at per day. |  |
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| Credit Card No. Expiration Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I will guarantee my                                                                                                                                  | •                                                                                                                                                                             | ase be advised that re                                                                                                                     | xpress [ ].                                                                                                                                              | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rmation.)                   |  |
| Expiration Bate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cream cara ivo.                                                                                                                                      |                                                                                                                                                                               | <del></del>                                                                                                                                | Expiration Bate                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                           |  |
| Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                            | Date                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                    |  |
| FOR HOTEL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FOR HOTEL USE OF                                                                                                                                     | NI V                                                                                                                                                                          |                                                                                                                                            |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |  |
| CONFIRMATION ROOM TYPE: CONFIRMATION #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                            | CONFIRMATION #:                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |  |
| REMARK: CONFIRMED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REMARK:                                                                                                                                              |                                                                                                                                                                               |                                                                                                                                            | CONF                                                                                                                                                     | IRMED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |  |