

【 Four Points by Sheraton Linkou - Reservation Form 】

The 3rd Global Young Ophthalmologist Summit held in conjunction with The 20th Taiwan Society of Cataract & Refractive Surgeons (TSCRS) Annual Meeting

Name :				Sir/Madam
Cellphone :		FAX :		
E-mail :		Marriott Bonvoy No. :		
Check In Date :		Check Out Date :		
Room Type	Room Features	Single	Double	Note
Traditional Twin Room 135*200cm Bed*2	28sqm/301sqft	<input type="checkbox"/> TWD \$4,389NET (Includes 1 Breakfast)	<input type="checkbox"/> TWD \$4,967NET (Includes 2 Breakfasts)	
Deluxe Twin Room 135*200cm Bed*2	40sqm/430sqft	<input type="checkbox"/> TWD \$5,544 NET (Includes 1 Breakfast)	<input type="checkbox"/> TWD \$6,122NET (Includes 2 Breakfasts)	
Deluxe King Room 200*200cm Bed*1	40sqm/430sqft	<input type="checkbox"/> TWD \$5,544 NET (Includes 1 Breakfast)	<input type="checkbox"/> TWD \$6,122NET (Includes 2 Breakfasts)	

Policy

- The above rates include 10% service charge and 5% government tax.
The special room rate validity from **Jun 12, 2025 to Jun 16,2025**.
- Exclusive Privileges-3F recreation center is inclusive of sauna, infinity swimming pool and gym.
- Rates are NON-COMMISSIONABLE.
- If guest any cancellation and amendment can be made one day (hotel local time, UTC+8) before arrival, there will be no cancellation fee. Cancellations made after the above-said time will incur a cancellation fee of one night's accommodation.
- **The final booking date is May 16, 2025. Bookings made after this date will be subject to room availability.**
- When booking successful, Four Points by Sheraton Linkou reservation team will send confirmation letter to your E-mail.
- All hotel's rooms are non-smoking room.

Please E-mail or FAX to Four Points by Sheraton Linkou reservation team.

Address, No. 1, Section 1, WenHua Third Road, Linkou District, New Taipei City, 244
TEL, 886 2 7727 6999 FAX, 886 2 7727 6998 E-mail: fp.tpelf.reservation@fourpointshotels.com

Reservation Guarantee			
Cardholder Name		Issuing Bank	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB		
Credit Card Number	_____	Expiry Date	____/____
Phone Number		Cardholder's ID	