



RESERVATION CONFIRMATION LIST

AsianPloP 2025

Guest Name : _____ Reservation number : _____
Contact number : _____ E-mail : _____
Check-in date : _____ Check-out date : _____

Please return the completed reservation form via e-mail: **reservation@inone.com.tw**

Room Type	Room rate (Weekdays)	Room rate (Holiday)	Quantity
Superior Studio	<input type="checkbox"/> NT\$1,600/ room (1BF)	<input type="checkbox"/> NT\$2,400/ room (1BF)	
Deluxe Single	<input type="checkbox"/> NT\$1,900/ room (2BF)	<input type="checkbox"/> NT\$2,500/ room (2BF)	
Superior Twins	<input type="checkbox"/> NT\$1,900/ room (2BF)	<input type="checkbox"/> NT\$2,500/ room (2BF)	
Shakespeare Chamber	<input type="checkbox"/> NT\$2,700/ room (2BF)	<input type="checkbox"/> NT\$3,300/ room (2BF)	

Total amount : NT\$ _____

****Credit Card :**

Cardholder Name : _____ Card Number : _____ — — —

Expiration Date: _____ mm/ _____ yy

Card Type : ☐ VISA ☐ MASTER ☐ JCB Cardholder Signature : _____

(Same as cardholder signature.)

****Notes:****

1. Any reservation that has not received a returned confirmation form is considered a tentative booking. The reservation will only be confirmed upon receipt of the returned confirmation. Until the reservation is confirmed, our company will not be able to hold your room; after receiving the returned confirmation, please arrive at our hotel to check in before the reserved time, otherwise, our company will automatically cancel the reservation without further notice.
2. Please return this confirmation form within the specified deadline. If we do not receive the returned form within the specified deadline, our company will automatically cancel your reservation without further notice.
3. After confirmation of the reservation, if you wish to change the details of the reservation, please notify us in writing and confirm by phone.
4. Check-in time is at 3 PM, and check-out time is at 12 PM.

If you have any other requests or modifications, please feel free to let me know.

文華道會館經辦人：

請聯絡人確認後簽名回傳：

InOne CityInn Handled By _____

_____ Please fax back with your signature