First Name* _____   Paper Title _____

Registered ☐ Yes ☐ No

Check In Date December ☐ 20 ☐ 21 ☐ 22

Check Out Date December ☐ 21 ☐ 22 ☐ 23

Note: 1. You will have to pay the fee on the spot.
2. Please carry a printout of this form (Only not registered Persons).

Authorized Signatory