



SWIRE TRAVEL
Licence No. 350001

CAOS 2008 (4th – 8th June, Hong Kong) Hotel & Tour Reservation Form

To: **Swire Travel Ltd**
6/F, Cambridge House
Taikoo Place, 979 King's Road
Quarry Bay, HK

Contact Person : Sharon Lam / Sunita Wong
Tel No. : (852) 3151 8808 / 3151 8829
Fax No. : (852) 2590 0099
Email : hkchina@swiretravel.com

Please complete this form in BLOCK LETTERS (best by prints from typewriter/computer)

I. Personal Details

Title: Prof / Dr / Mr / Mrs / Ms Family Name: _____ First Name: _____

Organization / Institute: _____

Mailing Address: _____

Country: _____ E-mail: _____

Telephone: _____ / _____ / _____ Facsimile: _____ / _____ / _____
Country code / area code / no. Country code / area code / no.

II. Accompanying Persons (Please circle your title)

Mr / Mrs / Ms Family Name: _____ First Name: _____

Mr / Mrs / Ms Family Name: _____ First Name: _____

III. Hotel Accommodation (Please ☒ appropriate)

| Hotel Name | Room Type | Period | Daily Breakfast | Preference | 1 st Night Deposit |
|-------------------|---|---|---|--|-------------------------------|
| | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin | Check in date: _____ Check out date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking | |
| Total (1): | | | | | HK\$ |

IV. Airport Transfer (Please ☒ appropriate)

| Service Required | Cost | Date & Flight no. | Number of persons | Amount |
|---|--|--|-------------------|--------|
| <input type="checkbox"/> One way <input type="checkbox"/> Round trip | <input type="checkbox"/> by coach <input type="checkbox"/> by Mercedes Benz | Arrival date & Flight no. _____ Departure date & Flight no. _____ | | |
| Total (2): | | | | HK\$ |

V. Optional Local Sightseeing Tours / Pre & Post-Conference Tours to China

| Tour Code | Number of Participants | | | Amount |
|-------------------|------------------------|-------|-------|--------|
| | Tour Date | Adult | Child | |
| | | | | |
| | | | | |
| Total (3): | | | | HK\$ |

VI. Method of Payment

☐ Telegraphic Transfer (in US Dollars or HK Dollars)

Account Name: Hong Kong & Shanghai Banking Corporation
Address: No 1, Queen's Road Central, Hong Kong SAR, China
Please fax a copy of the remittance receipt to Swire Travel Ltd at (852) 2590 0099 for reference.
All charges on bank transfer must be borne by the sender.

Account No: 111-016275-002

☐ Credit Card payment ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name: _____ Credit Card No.: _____

Expiry Date: _____ Signature: _____ Total (1)+(2)+(3): _____