

4TH INTERNATIONAL HUAXIA CONGRESS OF ENDOCRINOLOGY**December 15 - 18, 2006****HOTEL RESERVATION FORM**

Please complete the form below and return it with the appropriate payment to **Congress Secretariat Office on or before October 15, 2006: PC Tours and Travel, B128 The Royal Garden Hotel, 69 Mody Road, Tsimshatsui East, Kowloon, Hong Kong** Tel: (852) 2734 3315 or 2734 3312 Fax: (852) 2369 0327 or 2723 9044 Email: huaxia2006@pctourshk.com

PERSONAL INFORMATIONTitle: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Family Name _____ First Name _____

Address _____

City _____ State _____ Postcode _____ Country _____

Tel _____ Fax _____ Email _____

HOTEL ACCOMMODATION

HOTEL	DAILY ROOM RATE (Per Room Per Night)	ROOM TYPE	PERIOD OF STAY
<input type="checkbox"/> 1. Ibis North Point	Single/Double HK\$500 Twin HK\$550	<input type="checkbox"/> Single room <input type="checkbox"/> Twin room <input type="checkbox"/> Double room	Check-In Date: _____ Check-Out Date: _____ Total _____ Nights
<input type="checkbox"/> 2. Harbour View International House	HK\$750	REQUEST: <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking	
<input type="checkbox"/> 3. Novotel Century Hong Kong	HK\$900		
<input type="checkbox"/> 4. Renaissance Harbour View Hotel	Garden View HK\$1,500 Harbour View HK\$1,850		
<input type="checkbox"/> 5. Wesley Hotel	HK\$800		
<input type="checkbox"/> 6. Wharney Hotel	HK\$900		
Sharing Room with (Name): _____			

- > First night Non-Refundable deposit is required on or before **OCTOBER 15, 2006. (FIRST COME FIRST SERVED BASIS)**
- > Above room rates are inclusive of 10% service charge and 3% government tax for either single or twin occupancy.
- > Above hotel rates are only available for the check-in date on or after December 14 and check-out on or before December 19.

PAYMENT AUTHORIZATION FORM

Date	Description	Amount
	First night non-refundable deposit	HK\$
	Balance of Payment	HK\$

I authorize " PC Tours and Travel " to debit my credit card in the amount of HKD _____ .

Charge Description : _____

My credit card information as follows : ☐ American Express ☐ Visa Card ☐ Master Card

Amount Authorized :	
Card Number :	
Card Holder Name:	
Expiry Date (MM/YY) :	
Visa or Master Card : CVV Code (in print at the back side of your card)	
American Express Card: CID Code (in print at the front right side of your card)	

Card Holder Signature _____ Date : _____

Remarks: You are required to fax us Copy of Front & Back side of your Credit Card.