

4TH INTERNATIONAL HUAXIA CONGRESS OF ENDOCRINOLOGY

December 15 - 18, 2006
TOUR RESERVATION FORM

Please complete the form below and return it with the appropriate payment to **Congress Secretariat Office, 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 INFORMATION

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Family Name _____ First Name _____

Address _____

City _____ State _____ Postcode _____ Country _____

Tel _____ Fax _____ Email _____

(1) AIRPORT TRANSPORTATION

One way transfer from Chek Lap Kok Airport to hotel or Vice Versa	Arrival: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of person:
<input type="checkbox"/> HK01(a) By airport hotelink HK\$120/US\$16 per person	Date/Flight _____	No. of car:
<input type="checkbox"/> HK01(b) By private car HK\$600/US\$78 per car	Departure: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of transfer:
	Date/Flight _____	

SUBTOTAL (1) **HK\$**

(2) LOCAL TOURS

Tours Code / Details	Price Per Person	No. of person	Amount
HK02 Hong Kong Island Tour	HK\$240/US\$31		
HK03 Pre-Dinner Cocktail Cruise	HK\$290/US\$38		
HK04 New Lantau Monastery Tour	HK\$560/US\$73		

SUBTOTAL (2) **HK\$**

(3) EXCURSION TO CHINA

Tours Code / Details	Price Per Person	No. of person	Amount
PT01 4 Days / 3 Nights Beijing	Twin-sharing HK\$5,100/US\$663 Single Room HK\$6,150/US\$799		
PT02 4 Days / 3 Nights Guilin / Yangshuo	Twin-sharing HK\$4,300/US\$558 Single Room HK\$5,200/US\$676		

SUBTOTAL (3) **HK\$**

GRAND TOTAL (1)+(2)+(3) **HK\$**

PAYMENT AUTHORIZATION FORM

☐ By Hong Kong Cheque/bankdraft payable to **PC TOURS AND TRAVEL**

☐ By Credit Card

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.