

CardioRhythm 2009 (20 – 22 Feb 2009, Hong Kong)

Hotel & Tour Reservation Form

To: **Swire Travel Ltd** Contact Person : Odelia Chui / Sunita Wong
 6/F, Cambridge House Tel No. : (852) 3151 8815 / 3151 8829
 Taikoo Place, 979 King's Road, Quarry Bay, HK 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: _____

III. Hotel Accommodation (Please Ö as appropriate)

Hotel Name	Daily Room Rate & Breakfast Per Person	Room Type & Period	Preference	1 st Night Deposit
<input type="checkbox"/> Grand Hyatt	<input type="checkbox"/> Grand US\$343.00 <input type="checkbox"/> Harbour View US\$422.00 <input type="checkbox"/> Breakfast US\$ 37.00 x ___ person (s)	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin		
<input type="checkbox"/> Renaissance HV	<input type="checkbox"/> Garden View US\$258.00 <input type="checkbox"/> Harbour View US\$328.00 <input type="checkbox"/> Breakfast US\$ 20.00 x ___ person(s)	Check in date: _____ Feb 2009	<input type="checkbox"/> Smoking	
<input type="checkbox"/> Novotel Century	<input type="checkbox"/> Standard US\$179.00 <input type="checkbox"/> Breakfast US\$ 15.00 x ___ person (s)	Check out date: _____ Feb 2009	<input type="checkbox"/> Non-smoking	
<input type="checkbox"/> The Harbour View	<input type="checkbox"/> Premier US\$129.00 <input type="checkbox"/> Breakfast US\$ 10.00 x ___ person (s)	Total no. of room night(s) _____		
Total (1):				US\$

IV. Airport Transfer (Please Ö as appropriate)

Service Required	Cost	Date & Flight no.	Number of persons	Amount
<input type="checkbox"/> One way	<input type="checkbox"/> by coach US\$15.00 per person	Arrival date _____ Feb 2009 Flight no. _____ ETA: _____		
<input type="checkbox"/> Round trip	<input type="checkbox"/> by Mercedes Benz US\$67.00 per car per way	Departure date _____ Feb 2009 Flight no. _____ ETD: _____		
Total (2):				US\$

V. Optional Local Sightseeing Tours (Please Ö as appropriate)

Tour Name	Number of Participants			Amount
	Tour Date	Adult	Child	
<input type="checkbox"/> Hong Kong Island Tour US\$29.00	_____ Feb 2009			
<input type="checkbox"/> The Land Between New Territories Tour US\$54.00	_____ Feb 2009			
<input type="checkbox"/> A day to an outer island "Lantau Tour" US\$75.00	_____ Feb 2009			
<input type="checkbox"/> One day Macau Tour US\$91.00	_____ Feb 2009			
Total (3):				US\$

VI. Method of Payment (Please Ö as appropriate)

Telegraphic Transfer (US Dollars in exact amount) Payee: Swire Travel Ltd.
 Account Name: Hong Kong & Shanghai Banking Corporation Account No: 111-016275-002
 Address: No 1, Queen's Road Central, Hong Kong SAR, China Swift code : HSBCHKHHHKH
 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.

Credit Card payment Visa MasterCard American Express
 Cardholder Name: _____ Credit Card No.: _____

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