

Section 4: Accommodation

Please reserve the following accommodation:

Hotel choice (Please check box)	Room Category (Please circle)	Room Type* (Please circle)	Check-in date	Check-out date
Renaissance Harbour View Hotel	Garden View	Single / Double / Twin		
Novotel Century Hotel	Standard Room Executive Premier	Single / Double / Twin		
The Harbour View	Premier Room Premier HV Room	Single / Double / Twin		
Empire Hong Kong	Superior Room	Single / Double / Twin		
Hotel Bonaparte	Business Room	Single / Double / Twin		
Bishop Lei International House	Standard Room	Single / Double / Twin		

- Room Type will be on request basis and subject to hotel's availability on the date of arrival.
- First night non-refundable deposit is required by 14th Dec 2009 or upon confirmation, whichever is earlier
- For booking made after 14th Dec 2009, first night non-refundable deposit is required upon confirmation
- Balance payment is required 2 weeks prior to arrival date.

Section 5: Dietary Requirements / Special Requests

Please indicate any specific dietary requirements if applicable:

- Vegetarian
 No beef
 No pork
 No seafood
 Others (please specify _____)

Please indicate any specific requests if applicable:

Section 6: Method of Payment
 Telegraphic Transfer (in US Dollars)

Account Name: Hong Kong & Shanghai Banking Corporation

Account No: 111-016275-002

Address: No 1, Queen's Road Central, Hong Kong, China

Please fax a copy of the remittance receipt to Ms. Iris Ho (852) 2590 0099 for reference. All charges on bank transfer must be borne by the sender.

 Credit Card payment

Please charge hotel room charge(s) to my credit card, with the following details:

Credit Card Details	
Cardholder's name _____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Diners
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date (mm/yy): /
Signature _____	Date: _____