

**The First Asia-Pacific Conference on FRP in Structures (APFIS 2007)  
12-14 December, 2007**

**RESERVATION FORM FOR HOTEL ACCOMMODATION IN HONG KONG**

**PERSONAL INFORMATION**

Title:  Prof.  Dr.  Mr.  Ms.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**(1) HOTEL ACCOMMODATION**

HOTEL	DAILY ROOM RATE Twin/Single (Per Room Per Night)	ROOM TYPE	PERIOD OF STAY
<input type="checkbox"/> 1. InterContinental Grand Stanford (Conference Venue)	Standard HK\$1,350 Harbour View HK\$1,800	<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. Royal Garden Hotel	Standard HK\$1,180	REQUEST: <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking	
<input type="checkbox"/> 3. Regal Kowloon Hotel	Standard HK\$900		
<input type="checkbox"/> 4. BP International House	Standard HK\$650		
Sharing Room with (Name): _____			

- *First night Non-Refundable deposit is required on or before **28 OCTOBER 2007**. (FIRST COME FIRST SERVED BASIS)*
- *Above room rates are inclusive of 10% service charge and 3% government tax.*
- *Above hotel rates are only available for the check-in date on or after 10 December and check-out on or before 16 December.*

**(2) AIRPORT/HOTEL TRANSFER BY SHUTTLE BUS**

One way transfer seat-in-coach at HK\$120.00 per person	No. of person	Payment
<input type="checkbox"/> Yes Arrival Flight _____ <input type="checkbox"/> Yes Departure Flight _____		HK\$
<input type="checkbox"/> No <input type="checkbox"/> No		

**(3) PAYMENT BY CREDIT CARD**

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 \_\_\_\_\_.

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 a Copy of the Front & Back side of your Credit Card.**

**P C TOURS AND TRAVEL**

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