

# Cancer Imaging 2007

## 10 –11 February 2006

### Hong Kong

#### RECOMMENDED HOTEL

Hotel	Class	Room Type	Rate per room per night in HK\$	Buffet Breakfast in HK\$
Park Lane Hotel <a href="http://www.parklane.com.hk">http://www.parklane.com.hk</a>	4 Stars	Standard Single / Twin	1,220	120
Metropark Hotel Causeway Bay <a href="http://www.metroparkhotel.com">http://www.metroparkhotel.com</a>	3.5 Stars	Standard Single / Twin	810	100
South Pacific Hotel <a href="http://www.southpacifichotel.com.hk">http://www.southpacifichotel.com.hk</a>	3 Stars	Standard Single / Twin	780	190

All the above rates are quoted on per room per night basis inclusive of service charge & tax but EXCLUDING breakfast.

Please feel free to contact us should you have other hotel preference which is not on the above list, we'll try to assist you to secure a reservation at the requested hotel.

The above room rates will be offered on first-come-first-served basis before 9 January 2007. Please make your reservation early to avoid disappointment due to the reserved rooms for each listed hotel are limited. Request after this date will subject to room availability and the hotel rates at the time of your request.

#### BOOKING CONDITIONS

The first night non-refundable deposit is required upon reservation. Balance payment to be settled with us 2 weeks prior to scheduled arrival. (Please also provide name of sharing person if twin/double occupancy is required.)

#### AIRPORT TRANSFER

One way transfer between Airport and Hotel is HK\$100.00 per person on seat-in-coach basis. Private car transfer is HK\$500.00 per car per way. (Full payment is required upon reservation)



To: Swire Travel Ltd (Attn: Mr Toby Chui)  
 6/F, Cambridge House, Taikoo Place,  
 979 King's Road, Quarry Bay, HK

Tel No: (852) 3151 8819  
 Fax No: (852) 2590 0099  
 Email: tobychui@swiretravel.com

\* Please fully fill in this form by typewriter/computer if possible

### Hotel Reservation Form

Title (please ✓):  Dr.  Prof.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Family name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Country / Area / No

Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Country / Area / No

### ACCOMPANYING PERSONS

Title (please ✓):  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Family name: \_\_\_\_\_

Title (please ✓):  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Family name: \_\_\_\_\_

HOTEL ACCOMMODATION						
Choice	Hotel Name	Room Type	Check-in Date	Check-out Date	No of Nights	Deposit HK\$
First						
Second						

AIRPORT TRANSFER							
Choice	Arrival Date	Flight #	Departure Date	Flight #	No. of persons	Amount HK\$	
One way coach transfer							
One way car transfer							

FORM OF PAYMENT	
<input type="checkbox"/> By Credit Card, please fax the front and back of the credit card.	
Name of Card Holder: _____ Type of Card: <input type="checkbox"/> AE <input type="checkbox"/> Diners <input type="checkbox"/> Visa	
Credit Card Number: _____ Expiry Date: _____	
Approved Amount: _____ Approved Signature: _____	
<input type="checkbox"/> By Bank Transfer (all bank handling charges to be paid by sender)	
A/C Payee: Swire Travel Ltd. Bank Name: Hong Kong & Shanghai Banking Corporation	
A/C No: 111-016275-002 Bank Address: No. 1 Queen's Road, Central, Hong Kong	
Attention: Toby Chui Ref : Cancer Imaging 07 (please fax the TT copy for reference)	