

Hong Kong College of Radiologists 24th Annual Scientific Meeting

12-13 November 2016 Hong Kong

RECOMMENDED HOTEL

Hotel	Class	Room Type	Rate per room per night in HK\$	Buffet Breakfast in HK\$
L'hotel Island South Hong Kong http://www.lhotelislandsouth.com/e ng/front/ (within walking distance from HKAM)	3.5 Stars	City View Room Single / Twin	1,180	150
The Charterhouse Causeway Bay http://hongkonghotel.charterhouse.com/eng/	3.5 Stars	Standard Room Single / Twin	1,300	150
Metropark Hotel Causeway Bay Hong Kong http://www.metroparkhotel.com/	4 Stars	Standard Single / Twin	1,480	150

All the above rates are quoted on per room per night basis inclusive of service charge for the period between 11-14 November 2016. Room rates are for reference only and availability will subject to hotel's confirmation upon reservation.

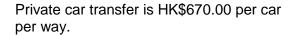
Please feel free to contact us should you have other hotel preference which is not on the above list, we'll try to assist you to secure a reservation at the requested hotel.

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\$170.00 per person on seat-in-coach basis.



(Full payment is required upon reservation)





Attention: Toby Chui

24th Annual Scientific Meeting of HKCR 12-13 November 2016

To: Swire Travel Ltd (Attn: Mr Toby Chui) Tel No: (852) 3151 8819 6/F, Cambridge House, Taikoo Place, Fax No: (852) 2590 0099 Email: tobychui@swiretravel.com 979 King's Road, Quarry Bay, HK * Please fully fill in this form by typewriter/computer if possible Hotel Reservation Form Prof. Title (please ✓): □ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. First Name: _____ Family name: _____ Company Name: _____ Country: _____ Postal Code: ______ Telephone: _____ Country / Area / No Facsmile: _____ _____ E-mail: _____ Country / Area / No ACCOMPANYING PERSONS ☐ Mrs. ☐ Mr. Title (please ✓): ■ Ms. Family name: First 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 Arrival Date | Flight # | Departure Date | Flight # | No. of persons Amount HK\$ Choice One way coach transfer One way car transfer FORM OF PAYMENT ☐ By Credit Card, please fax the front and back of the credit card. Name of Card Holder: _____ Type of Card: □ AE □ Diners □ Visa Credit Card Number: _____ Expiry Date: _____ Approved Amount: _____ Approved Signature: _____ ☐ By Bank Transfer (all bank handling charges to be paid by sender) Bank Name: Hong Kong & Shanghai Banking Corporation A/C Payee: Swire Travel Ltd. A/C No: 111-016275-002 Bank Address: No. 1 Queen's Road, Central, Hong Kong

Ref : ASM 2013 (please fax the TT copy for reference)