

To: **Swire Travel Ltd**  
 6/F, Cambridge House  
 Taikoo Place, 979 King's Road, Quarry Bay, HK

Contact Person : Sharon Lam / Sunita Wong  
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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 ✓ as appropriate)**

Hotel Name	Daily Room Rate & Breakfast Per Person	Room Type & Period	Preference	1 <sup>st</sup> Night Deposit
<input type="checkbox"/> The Harbour View ( 3.5 star ) Opposite to Conference Venue  <input type="checkbox"/> Novotel Century Hong Kong ( 4 star ) 8 mins. On foot to Conference Venue	<input type="checkbox"/> Premier US\$136 / HK\$1060 <input type="checkbox"/> Breakfast US\$ 16.5 / HK\$130 x _____person(s)  <input type="checkbox"/> Standard US\$181 / HK\$1400 <input type="checkbox"/> Breakfast US\$ 20 / HK\$160 x _____person(s)	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin  Check in date: _____  Check out date: _____  Total no. of room night(s) _____	<input type="checkbox"/> Smoking  <input type="checkbox"/> Non-smoking	
** The above room rates are inclusive of 10% service surcharge ** Full prepayment is required upon reservation ** One night penalty will be levied for any cancellation made 14 days prior to the arrival ** Full penalty will be levied for any cancellation within 14 days prior to the arrival				<b>Total (1):</b> HK\$

**IV. Airport Transfer (Please ✓ as appropriate)**

Service Required	Cost	Date & Flight no.	Number of persons	Amount
<input type="checkbox"/> One way  <input type="checkbox"/> Round trip	<input type="checkbox"/> by coach US\$18 / HK\$140.00 per person  <input type="checkbox"/> by Mercedes Benz US\$78.00 / HK\$600.00 per car per way	Arrival date: _____ Flight no.: _____ ETA: _____  Departure date: _____ Flight no.: _____ ETD: _____		
<b>Total (2):</b>				HK\$

**V. Method of Payment (Please ✓ as appropriate)**

**Telegraphic Transfer** (US Dollars in exact amount)  
 Account Name: Hong Kong & Shanghai Banking Corporation  
 Address: No 1, Queen's Road Central, Hong Kong SAR, China  
 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.

Payee: Swire Travel Ltd.  
 Account No: 111-016275-002  
 Swift code : HSBCHKHHHKH

**Credit Card payment**       Visa       MasterCard       American Express  
 Cardholder Name: \_\_\_\_\_ Credit Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Total (1)+(2) : \_\_\_\_\_