

7th International Infection Control Conference, Hong Kong

Hotel Booking Form (*Deadline 31 May, 2016*)

Delegate Information

Please complete in BLOCK CAPITALS.

Title (please tick ✓) ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Surname: _____ First Name: _____

Company/Institution: _____

Department/Unit: _____ Position: _____

Address: _____

City: _____ Country: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Flight Detail

Arrival Date: _____ Flight No.: _____ Arrival Time: _____

Departure Date: _____ Flight No.: _____ Departure Time: _____

Hotel Accommodation (please tick (✓) your preference hotel)

Hotel Preference	No. of rooms	Conference Hotel	Room Type	Room Rate	Address
<input type="checkbox"/>		Renaissance Harbour View Hotel Hong Kong	Garden View Room	HK\$1,780 per night <i>with one breakfast daily</i>	1 Harbour Road, Wanchai, HK (Next to HKCEC)
<input type="checkbox"/>		Novotel Century Hong Kong	Standard Room	HK\$1,100 per night <i>Room only</i>	238 Jaffe Road, Wanchai, HK
<input type="checkbox"/>		The Harbourview Hotel	Premier Room	HK\$800 per night <i>Room only</i>	4 Harbour Road, Wanchai, HK (Opposite to HKCEC)

- Hotel rooms will be allocated on request and first-come first-served basis.
- Room request could be made by fax or email to the Conference Secretariat. Please fill in the form and return by fax: (852) 2735 8282 or email: hkicna@mvdmc.com
- The rate is subject to 10% service charge per room per night.
- Any changes to your reservation must be made through the Conference Secretariat.
- Credit card guarantee required at time of reservation. Guest to settle payment upon check out.
- Reservation could not be cancelled once confirmed.

Credit Card Details:

I hereby authorize "MV Destination Management Limited" to send my credit card information to respective hotel for guarantee my room booking

☐ American Express

☐ VISA Card

☐ Master Card

Name of Cardholder: _____

Card Number: _____

Expiry Date: _____

CCV: _____

Card Holder's _____

(three-digit security code that is printed on the back of cards)

Signature: _____

Date: _____

Please complete this form & return to the Congress Secretariat c/o **MV Destination Management Ltd.**

Mail: Flat C, 9th Floor, Harvest Moon House, 339 Nathan Road, Jordan, Kowloon, Hong Kong

Tel: (852) 2735 8118

Fax: (852) 2735 8282

Email: www.mvdmc.com/hkicna/