



APAQS 2001

SECOND ASIA-PACIFIC CONFERENCE ON QUALITY SOFTWARE

NEW WORLD RENAISSANCE HOTEL, KOWLOON, HONG KONG

DECEMBER 10-11, 2001

HOTEL BOOKING FORM

Please type or complete in block letters. Please return the form by fax or post to **Swire Travel Ltd., 18/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: +852 / 2590-0099.**

If you have any enquiries regarding your booking, please contact **Ms. Astor Wong** of Swire Travel by telephone at +852 / 2579-6699, or by email at "hkchina@swiretravel.com".

Title: Prof./Dr./Mr./Mrs./Ms. Family Name: _____ Given Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

HOTEL ACCOMMODATION: The first night non-refundable deposit is required upon registration. Balance payment should be settled with us one week before arrival.

Hotel	Room Rate (per room per night)	Checking-In/Out Dates
New World Renaissance Hotel	HK\$730*	

* - service charge and government tax are included.

If twin room is required, please indicate name of sharing person: Prof./Dr./Mr./Mrs./Ms. _____

ONE WAY AIRPORT/HOTEL TRANSFER:

Shuttle bus: HK\$90.00 per person Private car: HK\$490.00 per car

Number of persons: _____ Arrival Flight No. and Date: _____

LOCAL TOUR ARRANGEMENT:

For local tour and sight seeing information, please contact Swire Travel for individual arrangement.

FORM OF PAYMENT: Please tick as appropriate

- (a) Telex transfer to our company bank: **All bank handling charges to be paid by the sender.**
Account Payee: Swire Travel Limited *Bank Name:* Hong Kong & Shanghai Banking Corporation
Account No.: 111-016275-002 *Bank Address:* 1 Queen's Road Central, Hong Kong
Attention: Ms. Astor Wong *Reference:* APQS
- (b) Payment by Credit Card: **Please fax us the front and back copies of your credit card.**
 Diners Visa Mastercard AMEX

Cardholder's Name (as printed on the card): _____

Credit Card Number: _____ Credit Card Expiration Date: _____

Authorized Total Amount: HK\$ _____ Cardholder's Signature: _____