## HOTEL RESERVATION FORM

The University of Hong Kong Department of Orthopedics & Traumatology

at

Le Meridien Cyberport Accommodation : 6-10 December 2018

|   | Accommodation: 0-10 L  | occomber 20                             | 710                                      |         |
|---|--|---|--|---------|
| I am a registered delegate for the above co   | onference. Please reserve the following according  | mmodation:                              |  |         |
| SMART (Single Occupancy) - City and Mountain View (Room with one buffet breakfast at Prompt)  |  |   | HK\$1,450 + 10% service charge per night | nt      |
| SMART (**Double Occupancy) - City and N   | Prompt)  | HK\$1,600 + 10% service charge per nigl | nt                                       |         |
| SMART PURE (Single Occupancy) -<br>City and Mountain View on 13/F (Room with one buffet breakfast at Prompt)  |  |   | HK\$1,650 + 10% service charge per nigh  | nt      |
| SMART PURE (**Double Occupancy) - City and Mountain View on 13/F (Room with two buffet breakfasts at Prompt)  |  |   | HK\$1,800 + 10% service charge per nigl  | nt      |
| DELUXE Ocean (Single/**Double Occupancy) - Ocean View (Room with maximum two buffet breakfasts at Prompt and added benefits)  |  |   | HK\$2,100 + 10% service charge per nigl  | nt      |
| ** Complimentary in-room wireless interne   | t is included  |   |  |         |
|   | he smoke free environment, Hotel will post u<br>n and comfort of Customer's attendees, Cust  |   |  |         |
| ** Bed type : Twin (Two single beds) /  | puble/Single (one King bed)  |   |  |         |
| Others: (please specify)  |  |   | Le M                                     | ERIDIEN |
| Mr/ Ms/ Mrs/ Dr/ Prof Family Name   |  | First Name                              |  |         |
| Passport Number   | Nationality  |   |  |         |
| Institution/ Organization   |  |   |  |         |
| Job Title   |  |   |  |         |
| Telephone number  | Facsimil   | e number                                |  |         |
| E-mail address  |  |   |  |         |
| Business / Home Address   |  |   |  |         |
| Arrival Date/Flight No./Time  |  |   |  | •       |
| Departure Date/Flight No/Time   |  |   |  |         |
| Credit Card Type & No.  |  |   |  | •       |
| Cardholder Name _   |  |   | Exp date                                 |         |
| Please advise us of any other requests:  * Are you a Starwood Prefered Guest membing finot, we will automatically enroll you to be  * I would like to reserve a hotel Tesla pick up HK\$600 per car per one way** and HK\$1,20 (**surcharge at HK\$250 per car per trip for (**surcharge at HK\$400 per car per trip for Please fax this form DIRECTLY to our | SPG,<br>eservice at additional cost. <b>Y/N</b><br>O per car roundtrip**<br>service between 0700-0800hrs and 2200-233<br>service between 2330-0700hrs)                               | Number<br>Ohrs)<br><b>852 2980</b>      | Arrival pickup / Roundtrip / Return t    | ransfer |
| For further assistance, please contact: Ms Wency Au - Assistant Events Mana Tel: +852 2980 7402 Fax: +852 298 Internet: www.lemeridien.com/hongko  Terms and Conditions 1) The special rate is available to registered of the special rate is available to registered of the special rate is available.   | BO 7850 e-mail: wency.au@ng lelegates of the above period.   | ⊉lemeridien.con                         | n  |         |
| (subject to hotel avaliablity) 4) Rates are subject to 10% service charge 8 5) Please make room reservation on or befor 6) Rooms are subject to hotel's availibility an 7) 100% cancellation charge applies for any   | r period 6-10 December 2018, Pre & Post date<br>r prevailing government tax (currently 0%) per<br>e 6 November 2018 to enjoy the special room r<br>d on first come first serve basis | room per night<br>ate. subject to ho    | tel availability                         |         |
| Confirmation number :   | Confirm  | ed by :                                 | Date :                                   |         |

LE MERIDIEN CYBERPORT