

<b>Deadline:</b> <b>4 Nov 2016</b> (Optional)	 HONG KONG INTERNATIONAL BAKERY EXPO 香港國際烘焙展	Return this form (by fax/email) to: Lap Ming International Travel Service Ltd. Attn: Ms. Catherine Ma Tel: (852) 2723 8803 Fax: (852) 2723 1403 Email: <a href="mailto:catherine@Lapming.com.hk">catherine@Lapming.com.hk</a>
<b>FORM 11 – HOTEL RESERVATION</b>		

Please fill in below form and return to the responsible party via FAX or E-MAIL.

**Hotel Details in Hong Kong Dollars (HKD)**

Star	Hotel		Room Rate Per Room Per Night HKD				Breakfast	Approx. distance from the HKCEC
			30-Nov	01-Dec	02-Dec	03-Dec		
4	Wharney Guangdong Hotel	Superior	1,045	1,045	1,045	1,045	108	5 mins by walk
4	Novotel Century Hong Kong	Standard	1,100	1,210	1,210	1,210	176	8 mins by walk of connecting-bridge
4	Regal HongKong	Premier	1,705	1,705	1,705	1,705	185	10 mins by car
3	The Harbourview	Premier Harbour View	990 1,100	990 1,100	990 1,100	990 1,100	121	2 mins by walk

**Note:** The above rates for hotels are net per night per room and inclusive of 10% service charge.

**\*Above rates are charged in HK Dollars. \*Currency exchange rate at 1USD = 7.8HKD**



**RESERVATION & PAYMENT TERMS :**

**Reservation:**

Booking can be made either:

1. Through fax or mail to our office, attention: Ms Catherine Ma  
Lap Ming International Travel Service Ltd.  
B-2F., Prat Commercial Building  
17 – 19 Prat Avenue, Tsim Sha Tsui, Kowloon  
Hong Kong  
Tel: (852) 2723 8803 Fax: (852) 2723 1403
2. E-mail to : [catherine@Lapming.com.hk](mailto:catherine@Lapming.com.hk)

**Confirmation:**

1. Confirmation will be sent back to you promptly by fax or email.
2. Credit Card guarantee the room space is required as soon as the booking is confirmed
3. Failure to meet the Credit Card guarantee the payment will result in the reservation being automatically released and without prior notice.

※ Please charge my following Credit Card of the full payment:

**By VISA / MasterCard/ AE**

Type of Credit Card: \_\_\_\_\_  
Credit Card Number : \_\_\_\_\_  
Expiry Date : \_\_\_\_\_  
Name of Card Holder: \_\_\_\_\_  
Total SUM : \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_