ASIA FUNERAL AND CEMETERY EXPO & CONFERENCE 亞洲殯儀及墓園博覽暨會議

Please Fax or Mail This Form to:

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 E-mail: catherine@Lapming.com.hk Attn: Ms Catherine Ma

Booking
Form

Surname & Given Name			Single/ Twin	Check-in Date	Check-out Date	Breakfast (Yes/No)
I would like to reserve	the following	accommodation at	t (please inc	licate priorit	y in boxes pro	ovided):
Renaissance Har	bour View	Habour Gra	nd Hong Kong	Nov	otel Hong Ko	ng Century
Wharney Guang Dong Regal Hong		Kong Hotel Regal iclub Hotel				
The Harbourview						
 A credit card guarant As soon as booking cancel booking. Any no show will rest Exhibitors wishing to Ming travel. 	is guaranteed bull in the full roo	by Credit Card, one m charges for the elements	night room cha	rge of penalt	ty will be impos	sed by hotel i
	Dead	line For Receipt	of Form: 15 A	Apr 2013		
Travel Information						
		EP. LINI.		A of altti		
Arrival Date						
Departure Date		_ Flight No		_ Departure	Time	
<u>Transportation</u> – Plea Arrival Transfer If yes, please check	□ Yes □ No	mousine	Departure ²	Transfer	□ Yes □ No	
Signed for and on be	half of:					
Exhibiting Company:			Stand No	o:		
Contact:			Position:			
Address:			Email:			
Tel:			Fax:			
Signature:			Date:			

Reservation and Payment Terms

Reservation:

Booking can be made either:

 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

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 Credit Card for full payment:

By VISA / MasterCard / American Express

Type of Credit Card:	
Credit Card Number:	
Expiry Date:	Amount:
Name of Card Holder:	
Signature:	Date:
Passport No:	Nationality: