TOUR BOOKING FORM

 **Fax to: (852) 2735 8282 Email to: icra2014@mvdmc.com**

 ***Personal Information***

Please complete in **BLOCK CAPITALS**

Title (please tick ) Prof Dr. Mr. Ms. Mrs

Surname: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_\_ Postal Code: Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_ E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Optional Tours***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tour Name** | **Cost per person** | **Number of persons** | **Tour Date** | **Amount (HKD)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  ***Total : HKD*** |  |
| **Terms and Conditions**1. Full payment is required at time of reservation
2. For Hong Kong and Macau tours, cancellation deadline for refund (less 25% administration fees): by 1 May 2014. Any cancellations received after this date will not be considered. All approved refunds will be issued 60 days after the Conference. Only written request sent to the Conference Secretariat would be considered.
3. No cancellation for all China tours.
 |

 ***Payment***

I hereby authorize “**MV Destination Management Ltd.** “ to charge my credit card for the amount of

**Total :** **HKD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***(Hong Kong Dollars would be charged for payment made by credit card. The reference exchange rate is USD 1= HKD 7.80 )***

🗆**American Express** 🗆 **VISA Card**  🗆 **Master Card**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Cardholder: |  | Card Number: |  |
| Expiry Date: |  | CCV: |  |
| Card Holder’s Signature: |  | Date: | *(three-digit security code that is printed on the back of cards)* |