



10th International Symposium on Nutritional Aspects of Osteoporosis (HON281117)

November 28 – December 1, 2017

Kerry Hotel, Hong Kong - Room Reservation Form

Please return to Conference Secretariat (Hong Kong)

Tel: 852 – 2527 8898 or Fax: 852 – 2865 0345 or E-mail: info@isnao2017.com

Salutation _____
Family Name _____ First Name _____
Check-In Date (DD/MM/YY) _____ Check-Out Date (DD/MM/YY) _____
Arrival Flight / Departure Flight _____ ETA / ETD _____
Company _____ Title _____
Golden Circle Member Number _____
Tel / Fax _____ E-mail _____

To enjoy the Shangri-La Express Check-in Programme, please complete the following information:

(Please present your Business Card upon check in)

Passport No. _____ Nationality _____

Room Requirement (only a limited room block is reserved, bookings are processed on a first-come-first-served basis)

Room with Breakfast

<u>Room Category</u>	<u>Single / Double</u>	<u>No. of rooms required</u>
Deluxe City View Room	HK\$1,720 / HK\$1,920	_____

- 1) The above room rates subject to 10% service charge per room per night
- 2) The above room rates included daily buffet breakfast in Café, Level 3
- 3) Any cancellation or amendment must be made by Friday, October 27, 2017
- 4) For no-show, cancellation, amendment made after Friday, October 27, 2017, ALL forfeited room nights will be charged at daily room rate as penalty to the credit card provided at the time of reservation.

Special Request * _____

* Subject to availability

Check-In / Check-Out Times

- 1) Check-in time is from 15:00 hrs on the day of arrival. Delegate who wishes to occupy guest room before 15:00 hrs must reserve the guest room for a night prior to the arrival date.
- 2) Check-out time is by 12:00 hrs on the day of departure. Delegate who checks out after the official check out time of 12:00 hrs shall be charged for additional night under the Daily Room Rate.

Room Reservation Guarantee (reservation cannot be made without the following information)

Credit Card Type _____

Credit Card No. _____ Expiry Date _____

Credit Card Holder's Print Name _____

Credit Card Holder's Signature _____

Date _____

**Should you wish to settle the room payment in advance, kindly contact us via e-mail or fax to obtain more information.

Hotel confirmation will be sent to the e-mail address above.