

ICME 2007
Crowne Plaza Hotel Park View Wuzhou Beijing
Hotel Reservation Form
(Fax to Ms. Xuelei Liu at +86 10 6275 1638)

First name: _____ Last name _____

Affiliation: _____

Email (required): _____

Telephone: _____ Fax: _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Zip code: _____

Hotel check-in date: _____ Hotel check-out date: _____

Room type: ☐ Superior Room @ CNY 1380.00 per night

☐ Deluxe Room @ CNY 1550.00 per night

Number of rooms: _____ Number of guests: _____

Credit card type: _____

Credit card number: _____

Expiration Date (month/year): _____ / _____

Cardholder's name: _____

Cardholder's signature: _____ Date: _____