

CPS/SEG Beijing 2009 International Geophysical Conference & Exposition

April 24 - 27, 2009 Beijing, China

Hotel Reservation Form

Please type or write clearly in block letters and check boxes where appropriate and fax or email to the person below before **Apr. 1, 2009**.

All reservations must be guaranteed by a credit card deposit. Rooms will be allotted on a first-come first-served basis. Do not contact the hotel to make any change prior to arrival, instead contact the following person:

Ms. Zhao Huan,
China Comfort Travel Group Co., Ltd.

Address: Rm. 1508, Ruichen International Center, No.13, Nongzhanguan Nanlu, Beijing, 100125, China

E-mail: zhaohuan@cct.cn

Fax: +86 10 85301683

Tel: +86 10 65956417

Receipt Date:	Confirmation Date:	Registration Number:
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▲ For staff use only

Basic Information

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. Gender: ☐ Male ☐ Female

Given name: _____ Family name: _____ Passport Number: _____

Telephone: _____ Fax: _____ Email: _____

Room cost

Hotel	Category	Single (include one breakfast)	Twin (include two breakfast)	Distance to BICC (km)
Crowne Plaza Parkview Wuzhou	*****	<input type="checkbox"/> RMB 1190 / \$158.00	<input type="checkbox"/> RMB 1190 / \$173.00	0.3
Grand Skylight Catic Hotel	*****	<input type="checkbox"/> RMB 890 / \$117.00	<input type="checkbox"/> RMB 970 / \$129.00	0.3
Celebrity International Grand Hotel	*****	<input type="checkbox"/> RMB 870 / \$105.00	<input type="checkbox"/> RMB 970 / \$117.00	0.8
Beichen Continental Grand Hotel	*****	<input type="checkbox"/> RMB 730 / \$102.00	<input type="checkbox"/> RMB 810 / \$114.00	0
Yayuncun Hotel	***	<input type="checkbox"/> RMB 350 / \$47.00	<input type="checkbox"/> RMB 350 / \$50.00	0.5

Check in date: _____ Check out date: _____ # of Room(s): _____ Total Nights: _____

For twin room selection only: I will share room with (write first and last name): _____

Special Needs: ☐ Smoking room ☐ Non-Smoking room

Payment Options

☐ Credit Card (Used only to guarantee your room reservation, room fees will be charged by the hotel when you check out).

I will pay by ☐ Visa ☐ MasterCard ☐ American Express

Card Number: _ _ _ _ _

Security Code: _____ Expiry Date: _____ / _____ (mm/yy)

Name on card: _____

Signature of Card holder: _____

(Signature authorizes charge and acknowledges cancellation policy- see conference website for details)

***Note: You must provide your credit card number to complete the reservation. A one night room fee will be charged to your credit card if you make a reservation and do not show up at the hotel.**

Please make one photocopy of this form for your own reference