REGAL AIRPORT HOTEL MEETING & CONFERENCE CENTRE

HONG KONG

2007 LANTAU GETAWAY **ROOM PACKAGE RESERVATION FORM**

Advance booking is recommended to make 3 days prior to the arrival.

To:	Reservations Department						
	9 Cheong Tat Road, Hong Kong International Airport, Chek Lap Kok, Hong Kong						
	Tel: 2286 8688	Fax: 2286 8622	E-mail: rah.rsvn@RegalHotel.com				

Package Information:

- One night Superior room accommodation

- Buffet breakfast for two at Café Aficionado

- Complimentary round trip shuttle bus tickets from & to sister hotels for 2 persons

- Food Discount - A 30% discount off will be offered in all hotel food outlets for those who present the

AsiaWorld-Expo July & August 2007 concerts tickets upon arrival

- 20% discount on massage & beauty treatments at OM Spa

* Minimum two adults are required for one package

* Package is for I	Hong Kong residents only					
Package F	Rate: HK\$816 + 10% 2 persons,	valid from 1 July to	31 August 2007			
Arrival Date:	[dd/mm/yy	J Departure Da	ate:	[dd/mm/yy]		
No. of Room:	No. of Adult:No. of Child / Senior:					
Twin bed The above reques	Double bed sts are subject to availability	□ Smoking r	oom	□ Non-smoking room		
Package Charg	les:			[HKD in net price]		
Supplements	E [please tick the boxes where applicable]					
□ Extra Bed: H			□ Additional br	eakfast: HK\$80 + 10% per pers		
□ 2 nd night stay: HK\$346.80 + 10% per person (Room + Breakfast) □ Late check-out until 4:00pm: HK\$300 +						
Supplements C	harges:			[HKD in net price]		
Shuttle Bus f	rom sister hotels to Regal A	rport Hotel: [please	e tick the boxes where	applicable]		
	erson charge at HK\$50 per trip (Ma Idren not occupied seat	aximum 2 paying gu	lests per room for	free shuttle bus service)		
Supplements C * Prior reservation	harges:	firmed reservation not all	owed to change and o	[HKD in net price] n first-come-first-serve basis		
Pre- egistrati	on Service: [please fill in the followin	g information]				
	Mr / Mrs / Ms[last name][first name]					
Address:						
	IK ID No.: Fax No.:					
	el No.:E-mail:					
Pre-Pavment	[please tick the boxes where applicable					
□ Visa			Diners Club			
Card Number:		Exi	piry Date:	[mm/yy		
Name of Card Holder:			Signature:			
	Airport Hotel to debit the above "Total Cha the pre-payment is non-refundable and no			or cancellation.		
Hotel Confirm	nation: [will be returned by fax]					
Confirmation No.: Date:						
	a right to cancel any non-neumant backing					

* Hotel reserves the right to cancel any non-payment booking without prior notice.