

# HONG KONG SUPERSTOP CAMPAIGN <2010 – 2011>

## FAX APPLICATION FORM

Please fill out the form, and send it by fax. Once we have completed your booking, we will contact you by phone or fax. Please note that reservations should be made at least 10 days in advance of departure.

Date:

RECORD LOCATOR			* Please indicate your CX Record Locator.
PASSENGER NAME (State one representative)	Given Name:	Family Name:	
	Age:	Male / Female	
MAILING ADDRESS (For Hotel Voucher) <input type="checkbox"/> Home <input type="checkbox"/> Company			Postal Code:
HOME PHONE NUMBER	TEL:	FAX:	
OFFICE PHONE NUMBER	TEL:	FAX:	
CHOICE OF HOTEL	<input type="checkbox"/> ROYAL VIEW HOTEL <input type="checkbox"/> ROYAL VIEW HOTEL (Day Use) <input type="checkbox"/> L'HOTEL NINA ET CONVENCION CTR <input type="checkbox"/> HARBOUR PLAZA 8 DEGREES <input type="checkbox"/> L'HOTEL CAUSEWAY BAY HARBOR VIEW <input type="checkbox"/> CITY GARDEN HOTEL <input type="checkbox"/> COSMO HOTEL <input type="checkbox"/> ROYAL PLAZA HOTEL <input type="checkbox"/> HARBOR PLAZA METROPOLIS <input type="checkbox"/> COSMOPOLITAN HOTEL <input type="checkbox"/> NOVOTEL NATHAN ROAD KOWLOON HONG KONG <input type="checkbox"/> NOVOTEL CITYGATE HOTEL <input type="checkbox"/> NOVOTEL CITYGATE HOTEL (Day Use) <input type="checkbox"/> HONG KONG SKYCITY MARRIOT HOTEL <input type="checkbox"/> HONG KONG SKYCITY MARRIOT HOTEL (Day Use)		
TRANSPORTATION	<input type="checkbox"/> Yes *Please select one. <input type="checkbox"/> AIRPORT EXPRESS LINE (AEL) <input type="checkbox"/> SET-IN (COACH) <input type="checkbox"/> Private Car (Max 3 passengers)		<input type="checkbox"/> No
DURATION OF STAY	Check In Date:	Check Out Date:	( ____ Nights)
	Check In Date:	Check Out Date:	( ____ Nights)
	* Please contact us for extra night rates.		
ROOM TYPE	<input type="checkbox"/> TWIN (No. of Rooms: ____ ) <input type="checkbox"/> SINGLE (No. of Rooms: ____ )		
METHOD OF PAYMENT	<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS <input type="checkbox"/> JCB Name of Cardholder: Credit Card Number: Expiry Date (mm/yy):		
	<input type="checkbox"/> Bank Remittance Bank: MITSUBISHI TOKYO UFJ BANK Branch: SHIN MARUNOUCHI Account Number: Ordinary 4750798 Account Name: CATHAY HOLIDAYS JAPAN * Please input _____ in front of your name when remitting money to our bank account. Failure to do so may result in delay of your document issuance.		
VOUCHER COLLECTION	<input type="checkbox"/> By Mail <input type="checkbox"/> At Cathay Holidays Service Counter (Preferred Date: _____ AM / PM )		
REMARKS			