

GMP2004 HOTEL RESERVATION FORM

FAX +86-10-62771138

Geometric Modeling & Processing 2004, April 13-15 2004, China

PARTICIPANT INFORMATION

First Name:

Last Name:

Title: Prof. Dr. Mr. Ms.

Affiliation:

Address:

Zip/Postal Code:

Country:

Telephone:

Fax:

Email:

HOTEL REQUEST

Room Type: Twin Room in Beijing Xijiao Hotel.

Rate: 55 US Dollar (after discount)

(Including Free Breakfast)

Total: ___ room(s):

Period of stay: Check-in _____ Check-out _____ Total _____ nights

PAYMENT METHOD

Cash

Visa MasterCard American Express

Signature _____ Date _____

POLICY FOR HOTEL BOOKING

Reservation must be made by **15/Feb/2004**, and the cancellation policy is 10 days before arrival.

Fax this form to: +86-10-62771138 Secretary for GMP2004