

October 17-21, 2002, Shanghai, China

HOTEL RESERVATION FORM

Please fill in the blanks and return this form, in time to be received **no later than July 20, 2002** to: Ms. Cuiling LAN,
Center for International Scientific Exchanges, CAS, Secretariat of APFA, 52 Sanlihe Rd., Beijing 100864, China
Tel: +86-10-68597751, Fax: +86-10-68597748, Email: cllan@yahoo.com or cllan@cashq.ac.cn

IDENTIFICATION

Please type or print in block letters:

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Surname Middle initial First name

Nationality or Region: _____ Passport No: _____

Company/Institution: _____

Mailing Address: ☐ Office ☐ Residence

Address

City State/Province Country Postal Code

Telephone (office hours) number Fax number

E-mail address

HOTEL ACCOMMODATIONS

Shanghai Everbright Convention & Exhibition Centre International Hotel:

Type	Number of rooms	Check-in	Check-out	Nights
i) Deluxe room: US\$90/night/room				
ii) Superior room: US\$75/night/room				
iii) Standard room: US\$60/night/room				

Huaxia Hotel

iv) Standard room: US\$45/night/room				
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Signature: _____ Date: _____