

Diplomatic Conference on the Protection of Audiovisual Performances

Jun. 20-26, 2012 Beijing, China

Beijing LDS Hotel Reservation Form

Registration No. _____

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

First Name _____ Last Name _____ Nationality _____ Passport No. _____

Street Address _____

City _____ State _____ Country _____

Phone _____ Fax _____ E-mail _____

Accompanying Person' Name _____ Passport No. _____

Hotels	Room Level	Single Room	Twin Room	Deposit Per Room
Beijing LDS Hotel	Standard	RMB550 <input type="checkbox"/>	RMB580 <input type="checkbox"/>	—
	Deluxe	RMB 860 <input type="checkbox"/>	RMB 880 <input type="checkbox"/>	—

Check-in Date _____ Check-out Date _____ Total Nights _____

I will share a twin room with another participant.

His (her) name is: _____.

I will pay:

Deposit only:

RMB _____ X _____ Room(s) = RMB _____

All room costs:

RMB _____ X _____ Night(s) = RMB _____

Subtotal RMB _____

Please complete this form and return it before the deadlines to:

MR. Aaron Wang

Fax: +86-10- 65686266

E-mail: maomao_916@yahoo.com.cn