

# Diplomatic Conference on the Protection of Audiovisual Performances

Jun. 20-26, 2012 Beijing, China

## CHINA SOUTHERN SKY PEARL EXPRESS 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
CHINA SOUTHERN SKY PEARL EXPRESS HOTEL (3star)	Deluxe	RMB 1000 <input type="checkbox"/>	<input type="checkbox"/>	---
	Stard		RMB660 <input type="checkbox"/>	---
	Suite	RMB 1500 <input type="checkbox"/>	<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:

Fax: +86-10- 65672215

E-mail: