

## THE $3^{\text{rd}}$ ASIA PACIFIC ACADEMY OF IMPLANT DENTISTRY INTERNATIONAL CONGRESS 2013 (2013/03/08–03/10)

Name	Mr. / Ms.				
	Circle one	Last		First	
Title			Company		
Telephone			Facsimile		
	Country code / Area code	e / Tel #		Country code / Area code / Tel #	
E-mail			Nationality		
Arrival Date	e		Departure :	Date	
Room Type	e/Rate :				
Superior	r Room - one bed (1	80cm x 200cm)	, 33 SQ.M. /	NT\$5,150+10% (Included one breakfast)	)
Superio:	r Room - two beds (	105cm x 200cm	i), 33 SO.M.	/ <u>NT\$5,630+10%</u> (Included two breakfas	ts)
	rates are inclusive of				,
` -		J		<b>,</b>	
Airport Tr	ansportation Servic	<u>ee</u>			
Arrival fligh	nt no.	ETA			
Departure fl	ight no	ETD			
				net / per car /per trip).	
	ave my own car arra		F ( + )	F	
	are my offin car and				
I will guara	ntee my reservatio	n with: (please	be advised	that reservation will only be confirmed gi	ven
	ng information)	•		•	
□ Amex □	Master □ Visa □ Jo	СВ			
Credit Card	No.	Exp. date		Signature	
Hotel confir	mation number:	-		nfirmed by:	
110101 001111					
Terms and	d Conditions:				
		v completing thi	is form and r	eturning it by fax to Sales Department of Fu	llon
	•			s at the special convention rate can only be	
				ill send a written confirmation upon receipt	of
this complet	•		1	1 1	
_		Failure to canc	el the reserv	ation prior 48 hours or do not show up on th	ıe
night of arri	val, one night no-sho	ow charge will b	oe applied. A	ll polices are based on Taipei time.	
Please comp	olete this form and re	eturn it by <u>2012</u>	/Mar/06 to g	uarantee the room availability.	
Please contac	et Miss. Vivian Lin at t	he Fullon Hotel	Taipei for all i	nquiries regarding hotel accommodation.	
Tel: 886-2-2	701-9266 ext.379, Fax	k : 886-2-2705-67	702, or by e-m	ail: sales01_tp@fullon-hotels.com.tw	