

The 8th International Conference on Fundamentals of Fracture (ICFF VIII)

January 6- 8, 2008

Hotel Accommodation in Guangzhou, China

No.	Hotel
1	<p>Nansha IT Park (3-minute-walk from the conference venue)</p> <p>Address: Nansha IT park, GZ Nansha Economic Development Zone, Guangzhou, China. Tel: (86-20) 8468-6888 Fax: (86-20) 8468- 6143 Web Site : www.nsitp.com</p>
2	<p>Nansha Pearl River Delta World Trade Center Tower (7-minute-drive from the conference venue)</p> <p>Address: No.156, South GangQian Road, Nansha, Guang Zhou, China Tel: (86-20) 2866-1000 Fax: (86-20) 2866- 1111 Web Site : www.wtcpearlriverdelta.com</p>
3	<p>Nansha Grand Hotel (7-minute-drive from the conference venue)</p> <p>Address: NO.1,2 and South Trade Road, New Coastal City, Nansha, Guangzhou, China. Tel: (86-20)3930-8888 Fax: (86-20)3930-8899 Website: www.nanshahotel.com</p>

NOTE:

1. Accommodation is very tight; all bookings will be confirmed on first come, first serve basis.
2. **Passport No.** (or **Chinese ID Card No.**) is **required**, which is used for hotel room(s) reservation.
3. Room rates provided below are only available by booking through Secretariat of ICFF VIII **ON OR BEFORE 30 NOVEMBER 2007**.
4. Please kindly make your reservation by returning a completed form ([Page 2](#)) to **Secretariat of ICFF VIII** (Mr. Hui XU: Tel: (86-20) 3468-5655, Fax: (86-20) 3468-5654, Email: xvhui2006@126.com) **ON OR BEFORE 30 NOVEMBER 2007**.
5. The total room charges should be paid in **RMB** through **hotels DIRECTLY**. Credit cards (Visa, Master card, American Express), cash, China Unionpay Card are acceptable. **For Hotel 1**, please pay at the **Reception Counter** at any time **ON 5 & 6 JANUARY 2007**. **For Hotel 2 and Hotel 3**, please contact the **Reception Counter** of hotels to complete the payment **BEFOR CHECK-IN**.
6. Complimentary round trip transfers from the above Hotel 2 and Hotel 3 to the conference venue will be provided during the conference days (i.e. 6, 7 & 8 January 2008).

Provisional Timetable of Fee Shuttle Bus (6, 7 & 8 January 2008)			
Departure time	6 January	7 January	8 January
Hotel → Conference Venue	7:50am	7:50am	8:40am
Conference Venue → Hotel	8:45pm	8:45pm	NO

7. Room types of single room and single room suite provide one piece of breakfast for each room daily; Room types of twin room and twin room suite provide two pieces of breakfast for each room daily.
8. Photocopy of the form is accepted.

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RESERVATION FORM FOR HOTEL ACCOMMODATION IN GUANGZHOU, CHINA

1. Please complete the form in **BLOCK LETTERS**, most preferably in printed or typed format.
2. Please circle whichever appropriate when see *, i.e. (A) / B / C * .
3. Please tick ✓ in as appropriate, i.e.,
4. January 6-8 means the room being checked in on 5 Jan. and checked out on 8 Jan.

Abstract ID No.(s): _____

Name: (Prof. / Dr. / Mr. / Ms./ Miss *) _____
 (Family Name) (Given Name)

Affiliation & Address: _____

Passport No./ ID Card No.: _____ Tel.: _____ Fax: _____ Email: _____

Accompanying Person(s) and Room Sharing Person(s):

No.	Title	Family Name	Given Name	Passport No. / ID Card No.
1	Prof. / Dr. / Mr. / Ms./ Miss *			
2	Prof. / Dr. / Mr. / Ms./ Miss *			
3	Prof. / Dr. / Mr. / Ms./ Miss *			
4	Prof. / Dr. / Mr. / Ms./ Miss *			
5	Prof. / Dr. / Mr. / Ms./ Miss *			
6	Prof. / Dr. / Mr. / Ms./ Miss *			

HOTEL ACCOMMODATION FEE (* Only full-time postgraduate students can apply for this room type.)

HOTEL	ROOM RATE (Per Room Per Night)	ROOM TYPE	Room No.	Additional Breakfast No.	DATE
1	RMB80	<input type="checkbox"/> Twin room *		RMB20 per person	Check In: _____
	RMB218	<input type="checkbox"/> Twin / Single room			Check Out: _____
	RMB318	<input type="checkbox"/> Single room suite			
	RMB418	<input type="checkbox"/> Twin room suite			
2	RMB400	<input type="checkbox"/> Single room suite		RMB28 per person	Check In: _____
	RMB600	<input type="checkbox"/> Twin room suite			Check Out: _____
3	RMB637+15%service charge (Single room)	<input type="checkbox"/> Sea-view Twin / Single room (Smoking)		RMB69 per person	Check In: _____
	RMB654+15%service charge (Twin room)	<input type="checkbox"/> Sea-view Twin / Single room Twin / Single (Non-Smoking)			Check Out: _____
	RMB747+15%service charge	<input type="checkbox"/> Mountain-view Single room (Smoking)			
		<input type="checkbox"/> Mountain-view Single room (Non-Smoking)			
Special Requirements					

Signature: _____

Date: _____

Please Fax or Email this completed form to Secretariat ICFF VIII **ON OR BEFORE 30 NOVEMBER 2007**.
 Secretariat ICFF VIII (Mr. Hui XU): Tel: (86-20) 3468-5655, Fax: (86-20) 3468-5654, Email: xvhui2006@126.com