

HOTEL BOOKING FORM

Deadline: 25 September 2020

*Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Others _____
*Company Name:	_____
*Guest Name:	Surname: _____ First Name: _____
*OFFICIAL HOTEL:	<input type="checkbox"/> Kerry Hotel Pudong Shanghai <input type="checkbox"/> Jumeirah Himalayas Hotel <input type="checkbox"/> Grand Mercure Shanghai Century Park <input type="checkbox"/> Shanghai Marriott Hotel Pudong East <input type="checkbox"/> Wyndham Grand Plaza Royale Oriental Shanghai <input type="checkbox"/> Grand Soluxe Zhongyou Hotel Shanghai <input type="checkbox"/> Parkview Hotel <input type="checkbox"/> Holiday Inn Pudong Shanghai <input type="checkbox"/> Holiday Inn Shanghai Jinxiu <input type="checkbox"/> Ibis Hotel (Shanghai Expo Dongming Road)
*Room Type:	_____
*Daily Room Rate (RMB):	_____
*Breakfast:	<input type="checkbox"/> One <input type="checkbox"/> Two
*Arrival Date:	_____
*Departure Date:	_____
Special Requirements:	_____
Hotel Limo Airport Pickup Service:	<input type="checkbox"/> No <input type="checkbox"/> Yes. Arrival Flight / Time: _____
*Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> JCB Others _____
*Credit Card Number:	_____
*Expiry Date:	_____

◇ Please read the hotel information and notice carefully when fill in this reservation form. * is compulsory fields.

Please return form to: Shanghai Vision Expo & Meeting Solutions Co., Ltd. Phone: +86 21 54816051 +86 21 54816052 Fax: +86 21 5481 6032 Contact Person: Ms. Jenny Zhang / Mr. Billy Xu E-mail: jenny@shanghai-vision.com ; billy@shanghai-vision.com	*Contact Person:
	*Title:
	*Email:
	*Tel: Country Code – Area Code – Tel No.
	*Fax: Country Code – Area Code – Fax No.
	Company:
	Address:

	*Signature: _____ Date: _____