



CROWNE PLAZA®

SHANGHAI FUDAN

上海复旦皇冠假日酒店

BLOCK CODE: E11

HIS 2016 & WISE 2016
5th Nov – 11th Nov 2016
 Kindly send the appropriate form directly to the Hotel.

Crowne Plaza Shanghai Fudan

Sales Contact: Ms. Libra Qiu / Sales Executive
 Tel: 86 21 5222 9999 ext. 3005 Fax: 86 21 5222 9995
 Address: 199 Handan Road Shanghai PRC

HOTEL RESERVATION FORM

Crowne Plaza Shanghai Fudan

Reservations may be made by completing this form and returning it by fax to **Ms. Flora Cheng** of Reservation Department, fax no. **86 21 5552 9996** or email to reservations@crowneplazafudan.com by the deadline of **Oct. 5th 2016**. Thereafter, reservations at the special conference rate can only be confirmed subject to availability. Crowne Plaza Shanghai Fudan will send a written confirmation upon receipt of this completed form.

Arrival Date: _____

Departure Date: _____

Name: _____

Mr./Ms. Last First

Title: _____

Company: _____

Telephone: _____

Country code/Area code/Tel#

E-Mail Address: _____

Room category

Room Rate

- | | |
|----------------|--|
| Superior Room | <input type="checkbox"/> CNY800net for single |
| Deluxe room | <input type="checkbox"/> RMB900net for single |
| Club room | <input type="checkbox"/> RMB1100net for single |
| Standard Suite | <input type="checkbox"/> RMB1200net for single |

- Bedding type King Bed
 Twin bed

Smoking Preference _____

The room rates are inclusive of 10% service charge and VAT; free guest room internet service; including one daily buffet breakfast per room per day. Additional buffet breakfast at CNY88+15% surcharge.

The room rates are applicable to 3 days prior to group arrival date and 3 days latter to group departure date.

AIRPORT TRANSPORT SERVICE:

Arrival Flight #: _____

Departure Flight #: _____

- Limousine at CNY500 per car per trip.
(From/to Hongqiao Airport)
- Limousine at CNY650 per car per trip.
(From/to Pudong International Airport)

PAYMENT:

I will guarantee my reservation with:

- Visa Master Card Diners Club
- JCB American Express

Credit Card No.: _____

Expiration Date: _____

****One night room rent will be charged in the event of cancellation with less than 48 hours notice or NO-SHOW.**

Signature: _____

Date: _____