



BLOCK CODE: X02

SACMAT 2016  
**4<sup>th</sup> June – 9<sup>th</sup> June 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](mailto:reservations@crowneplazafudan.com) by the deadline of **May. 4<sup>th</sup> 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
Bedding type	<input type="checkbox"/> King Bed <input type="checkbox"/> Twin bed
Smoking Preference	_____

The room rates are inclusive of 5% government tax and 10% service charge; free guest room internet service; including one or two 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: \_\_\_\_\_