

CROWNE PLAZA SHANGHAI
RESERVATION FORM

Event Name: "The 3rd International Business School Shanghai Conference ", **Oct17-Oct19, 2010**

Please **Fax** this form to **Ms. Stella Sun at 86-21-6282 2014 or 6280 8082** before **Sep 1, 2010**
(Reserve your hotel room **DIRECTLY** with **CROWNE PLAZA SHANGHAI**)

Mr/Mrs/Ms – Surname: _____ First Name: _____

Title/ Company: _____

Tel: _____ Fax: _____ Email: _____

Accommodation:

Arrival / Check-in Date: _____ Flight / ETA : _____

Departure / Check-out Date: _____ Flight / ETD: _____

Request Late Check-in (please tick): _____ Time: _____ : _____ (will be approved by hotel)

Request Late Check-out (please tick): _____ Time : _____ : _____ (will be approved by hotel)

CHECK-IN TIME IS 14:00 afternoon. To guarantee early check-in, please book one night before.

CHECK-OUT TIME IS 12:00 noon. Extended use of rooms till 6:00 pm is subject to half day's rate.

Thereafter, a full day's room rate will be applicable.

Reservations will be held till 6pm only, unless guaranteed with Credit Card. Guaranteed reservations will be held regardless of arrival time and will incur a cancellation charge of 1 (one) night rate for no-show.

Room Preference (Please tick one) :

_____ Smoking / _____ Non-smoking _____ Double beds / _____ King size bed

Superior Room (Special rate **CNY800.00net** inclusive of one buffet breakfast & internet)

Deluxe Room (Special rate **CNY900.00net** inclusive of one buffet breakfast & internet)

New Wing Room (Special rate **CNY1200.00net** inclusive of one buffet breakfast & internet)

Extra breakfast,CNY100 per day per person.

_____ Other type of room, Please specify _____ (please check with Hotel for the rate)

Special request for room: _____

* All room categories are subject to room availability.

* All Reservations must be accompanied by full stay prepayment either by credit card or bank transfer to "Crowne Plaza Shanghai " as guaranteed booking. Please also attach both copies of your credit card with signature.

Credit Card (Please tick one) : _____ American Express _____ Visa _____ Master Card _____ Others

Credit Card Number

Expiry Date

Cardholder's signature

I understand that I am liable all for full stay room expenses, tax and service charge, which will be deducted from my credit card if I fail to arrive (same day no-show) or cancel the room reservation. Registering with the Hotel and all room and incidental expenses will be paid upon check-out.

For hotel use only

Confirmed by _____ Date _____

Confirmation number _____

CROWNE PLAZA SHANGHAI

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