

CROWNE PLAZA SHANGHAI
RESERVATION FORM

Event Name: **“2015 CAPANA Conference ” 8th –10th July, 2015**

Please Fax/Mail this form to **Ms. Lisa Niu Fax at 86-21- 62822014/ Email: reserves@cpsa.com** before 24th June, 2015

*(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 – Main Building (Special rate **CNY700.00net** inclusive of one buffet breakfast)

_____ Superior Room – Main Building (Special rate **CNY800.00net** inclusive of two buffet breakfast)

***Above room rate inclusive internet**

***Additional breakfast is chargeable at RMB100 per person daily, inclusive of 15% surcharge.**

Special request for room: _____

* All the above room categories and special rate are subject to room availability.

* All Reservations must be accompanied by first night 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 first night stay room expenses, tax and service charge, which will be deducted from my credit card if I fail to arrive (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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