

ChinaBio Partnering Forum 2016 Hotel Reservation Form

Attn: Reservation Department Fax: 86 512 62897868	Геl: 86 512 628978	38 E	E-mail: res.suzhou	ı@kempinski.com
Please tick one:	ing	☐ Amendmen	nt	☐ Cancellation
Please make your booking with hotel b date.	efore <u>May 10, 2010</u>	. Hotel room	will be subject to	availability after this
<u>Details:</u>				
Last Name:	Name: First Name:		Title:	
City:	Country: _	Country:		
Telephone:	Fax::		E-mail:	
Passport No.:	:: Type of Visa:		Expiring	g Date:
Arrival Date:	Arrival I	Arrival Flight:		
Departure Date:	Departur	Departure Flight:		
□ Deluxe Golf View King Room: □ Deluxe Golf View Twin Room: □ Deluxe Lake View King Room: □ Deluxe Lake View King Room: □ Deluxe Lake View Twin Room: □ RMB 830.00 net 1 or 2 breakfasts □ RMB 930.00 net 1 or 2 breakfasts □ Deluxe Lake View Twin Room: □ RMB 930.00 net 1 or 2 breakfasts				
Special Request: ☐ Smoking ☐ Non Smoking ☐ Others:				
Booking guaranteed by: American E Card Number: Full Name for Card: All room reservation need guarantee by Cancellation: To avoid a one-night NO SHOW chargarrival. Early departure will also be che Declaration: I understand that the terms and condition will be billed on my credit card. Check rooms must be booked from the night be	xpress VISA Fraction	Diners Club Expiry Date: on guaranteed of stay. The cancella	☐ Master Card d bookings should	☐ JCB Card(mm/yy) I be made 48 hours before the enforced and deductions

Date: ____

Guest Signature: