

HOTEL RESERVATION FORM

FORM 8

Company Name											
Address											
Contact Person		Mobile					Tel		Fax		
QQ		MSN					E-Mail				
Hotel Name											
Guest Name	Check-in and Check-out Date								Return Flight Date	Return Train(Bus) Date	Contact Phone
	Sept. 3	Sept. 4	Sept. 5	Sept. 6	Sept. 7	Sept. 8	Sept. 9	Sept. 10			
Total:									Pick-up Service	Yes <input type="checkbox"/>	
Remarks:										No <input type="checkbox"/>	

Notes:

1. After you fill in this form, please fax it to +86-755-82178250. For any queries, please contact Mr Wang.
2. Please pay the hotel charges to the provided bank information, and fax the bank transfer slip to +86-755-82178250 once payment is made.
3. The hotel service center will assign service staff in each hotel and provide 24-hour service. Please pay attention to the exhibition schedule and other notices in your room.

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