

**CROWNE PLAZA SHANGHAI**  
**RESERVATION FORM**

Event Name: “ LHCP2017 Group ” 13<sup>th</sup>- 21<sup>th</sup> May, 2017

Please Fax/Mail this form to [Ms. Lisa Niu at 86-21- 62822014/reserves@cpsaha.com](mailto:Ms.Lisa.Niu@86-21-62822014/reserves@cpsaha.com) before 13<sup>th</sup> Apr, 2017  
(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 CNY900.00net inclusive of one buffet breakfast)

**\*Above room rate inclusive internet**

**\*Additional breakfast is chargeable at RMB100 per person daily, inclusive of 10% surcharge and 6%VAT.**

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 and Credit Card payment authorization form**

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 duration of the 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 within 14 days prior to arrival. 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**

400 Pan Yu Road, Shanghai 200052 ,P.R. China

Tel:(86-21) 6145 8888 Fax: (86-21) 6282 2014

Website : [www.shanghai.crowneplaza.com](http://www.shanghai.crowneplaza.com)