### HOTEL BOOKING FORM

Company: Booth No. (if applicable):

Contact: Mobile Phone:

Email: Tel:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hotel Name** | | **Full name (Same as on Passport)** | **Check-in Date**  **(dd/mm/yyyy)** | **Check-out Date**  **(dd/mm/yyyy)** | **Room Type**  **(King-size or Twin bed)** | **Remark** |
|  | | □Mr. □Ms. |  |  |  |  |
|  | | □Mr. □Ms. |  |  |  |  |
|  | | □Mr. □Ms. |  |  |  |  |
|  | | □Mr. □Ms. |  |  |  |  |
|  | | □Mr. □Ms. |  |  |  |  |
| If you need other services as follows, please mark at the form and email us in details. | | | | | | |
| **Code** | **Item** | | **Y/N** | | | |
| 1 | Car Rental Service | | □ Yes □ No | | | |
| 2 | Conference Service | | □ Yes □ No | | | |
| 3 | Travel Service | | □ Yes □ No | | | |

**Please send this form to**:

**Times International Conference & Exhibition Co., Ltd**

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