**Hotel Booking Form**

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| \*Title: | □ Mr. □ Ms. □ Mrs. Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Name of Hotel: |  |
| \*Company Name: |  |
| \*Guest Name: | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Room Type: |  |
| \*Daily Room Rate (RMB): |  |
| \*Breakfast: | □ One □ Two |
| \*Arrival Date: |  |
| \*Departure Date: |  |
| Special Requirements: |  |
| Limo Airport Pickup Service: | □ No  □ Yes. Arrival Flight / Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Type of Credit Card: | □ Visa □ Master □ Amex □ JCB Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Credit Card Number: |  |
| \*Expiry Date: |  |
| \*cvv code: |  |
| \*Credit card holder signature: |  |
| **\*Bank charge will be borne by remitter.** | |

**Please read the hotel information and notice carefully when fill in this reservation form.\* is compulsory fields.**

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| Please send this form to:   Shanghai Mengxuan Exhibition Services Co., Ltd.  4F, Tower 417,158 ShuangLiang Road Shanghai  Tel.: **+86 18019768582**  **+86 (0)21- 51877530 ext.0**  eMail: Lxing@mxydt.com  Contact Person: Ms. **Li**    PLEASE MAKE A COPY FOR YOUR RECORD | \*Contact Person: |
| \*Title: |
| \*Email: |
| \*Tel:  Country Code – Area Code – Tel No. |
| \*Fax:  Country Code – Area Code – Fax No. |
| Company: |
| Address: |
| Booth No.: (Only for exhibitor) |
| \*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |