Kindly send your reservation form directly to the hotel in latest by.

Email To: sm10@cpkmg.com;

Fax to : +86 871 63138686 Tel : +86 871 63165888 +86 13150706111

**Group Name:**

**Room Reservation Form**

|  |  |
| --- | --- |
| Name:  |  |
| Nationality: |  |
| Address: |  |
| Telephone:  |   | Fax: |  | Email |   |
| Date of Arrival: |  | Flt/ ETA: |  |
| Date of Departure: |  | Flt/ ETD |  |
| Number of Guests:  |

Please reserve \_\_\_\_\_ room(s) under name:

|  |  |
| --- | --- |
| Check in :  | Check out : |
| Room RMB 450(Only valid from April 15 to April 21, 2018)🞎King 🞎 Twin 🞎 Smoking 🞎 Non-smoking*The rates are per room per night rates, including one breakfast and free WIFI.* |
| Other special requests(incl. Dietary requirements): |  |
| Arrive Time:  |  |

**IMPORTANT INFORMATION:**

1.A Credit Card will be required to GTD a bedroom assignment, **please contact us via hotel telephone.**

2. Any **CANCELLATION** after or **NO SHOW**, one nights room rate will be charged from your credit card.

3. Please inform us of any changes or cancellation of your reservation in writing.

4. If you have not received a faxed or emailed confirmation within 48 hours of sending the form, please call Reservation AM07:00-PM21:00

5．**Kindly Remind you to Fax.**