

IMPORTANT

东锦江大酒店
JIN JIANG ORIENTAL HOTEL

VENUE REQUEST FORM

Please submit this form to: **Sandra Zhang** at [res@jjoriental.com]
(Please indicate "**CMT0509**" in your email)

Family name:

First name:

Telephone: _____ e-mail: _____ Fax: _____

HOTEL RESERVATION

Jin Jiang Oriental Hotel
889 Yanggao Nan Road
Shanghai, China
Tel.: +8621 5050 4888
Fax: +8621 5050 4895

Please fill in:

Date of Check-in:

Date of Check-out:

No. of nights:

Smoking / Non Smoking :

Credit Card Name:

Credit Card No.:

Expired on:

(if you have any special food requirement, please specify) -

I will need airport pick-up: Yes No

"AIRPORT PICK-UP" RESERVATION

ARRIVAL

DEPARTURE

Date:

Time:

Airport Arrival:

Flight No:

For any additional information please contact Elsa Kong at sales4@jjoriental.com /
Tel.: +8621 5050 4888 Ext. 6877 (Please quote the conference name "**CMT0509**")