





VENUE REQUEST FORM

Please submit this form to: Snow Ying at [res@doubletreeshanghaipudong.com] (Please indicate "12th Asia Surfactants Personal & Home Care Markets" in your email)

Family name:

First name:

Telephone: ______e-mail: _____Fax: _____

HOTEL RESERVATION

DoubleTree by Hilton Shanghai – Pudong(上海东锦江希尔顿逸林酒店) 889 Yang Gao Nan Road(杨高南路 889 号) Shanghai, China Tel.: +8621 5050 4888 Fax: +8621 5050 4895

Date of Check-out:

Credit Card No.:

Smoking / Non Smoking :

Please fill in:

Date of Check-in:

No. of nights:

Credit Card Name:

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 elsa.kong@doubletreeshanghaipudong.com/ Tel.: +8621 5050 4888 Ext. 6877 (Please quote the conference name "12th Asia Surfactants")



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