



**FORM 20A –
HOTEL ROOM RESERVATIONS
Crowne Plaza Parkview Wuzhou Beijing Hotel**

**Deadline
N/A**

**Attn: Mr. Peter Chen,
Crowne Plaza Parkview Wuzhou Beijing Hotel**

**Fax no: 86 10 8497 2887 or
Email: Peter@cpcparkviewbj.com**

- In the event that your travel dates change after submitting this form, please notify **Crowne Plaza Parkview Wuzhou Beijing Hotel** immediately.
- Room assignment will be subject to first come first served basis & availability.
- Rates quoted are subject to 15% service charge
- Rates are valid only from **16 – 19 November 2009**

Cancellation / No Show Policy

- All guaranteed reservation cancelled less than 24hrs prior to 1800hrs on the day arrival (Beijing time) will be subject to a one night penalty charge.
- Failure to shown will result in a no show fee equivalent to one night room rate.

For further information, please contact:

Crowne Plaza Park View Wuzhou Beijing

No. 8 North Si Huan Zhong Road, Chaoyang District, Beijing 100101, P.R. China

Tel: (86) 10 6481 7193 Fax: (86) 10 8497 2887

Email: peter@cpcparkviewbj.com

Person-in-charge: Mr. Peter Chen

Please select your preferred choice:

Hotel	Category	Distance to BICC	Room Rate (Single/Twin)	Breakfast Rate	No. of rooms Required
Crown Plaza Park View Wuzhou Beijing	5*	5 mins walk	CNY.1050	Included one	

Airport Transfer:

Transfer Required

Arrival Pick up

Departure Transfer

Audi A6

RMB400 (One way rate)

Buick GL8

RMB580 (One way rate)

Mercedes Benz S350

RMB800 (One way rate)

Coaster

RMB580 (One way rate)

Shuttle Bus

RMB1300 (One way rate)

Note

Crown Plaza Park View Wuzhou Beijing offers the above mentioned Limousine Services for airport transfer. Please advise your arrival and departure flight and your preferred transfer vehicle. The airport valet of our hotel will meet the guest(s) at the arrival hall with a signboard bearing the hotel logo.

PAYMENT & CREDIT CARD DETAILS (note: payment by telegraphic transfer or credit card is subject to 3% admin fee)

American Express

MasterCard

Visa

Card no.:

Expiry Date:

(dd-mm-yy)

Cardholder's name:

CVV Code:

(last 3 digits behind the card)

Signature:

COMPLETE DETAILS IN FULL

Name of Guest:

Organisation:

Address:

Tel. No:

Fax No.:

Email:

Arrival Date:

Flight No:

Arrival Time:

Departure Date:

Flight No:

Departure Time:

Room Type:

Single

Double

Twin

Non-Smoking

Smoking



FORM 20B –
HOTEL ROOM RESERVATIONS
Beijing Continental Grand Hotel

Deadline
N/A

Attn: Ms. Jacy He,
Beijing Continental Grand Hotel

Fax no: 86 10 8497 2651 or
Email: Hejun_323@sina.com

- In the event that your travel dates change after submitting this form, please notify **Beijing Continental Grand Hotel** immediately.
- Room assignment will be subject to first come first served basis & availability.
- Rates quoted are subject to 15% service charge
- Rates are valid only from **16 – 19 November 2009**

Cancellation / No Show Policy

- All guaranteed reservation cancelled less than 24hrs prior to 1800hrs on the day arrival (Beijing time) will be subject to a one night penalty charge.
- Failure to shown will result in a no show fee equivalent to one night room rate.

For further information, please contact:

Beijing Continental Grand Hotel

No. 8 Beichendong Rd. Chaoyang District, Beijing 100101, P.R. China

Tel: (86) 10 8498 5588 Fax: (86) 10 8498 3085

Email: hejun_323@sina.com

Person-in-charge: Ms. Jacy He

Please select your preferred choice:

Hotel	Category	Distance to BICC	Room Rate (Single/Twin)	Breakfast Rate	No. of rooms Required
Beijing Continental Grand Hotel	4*	With corridor connected	CNY.548	CNY 80	

Airport Transfer:

Transfer Required

Arrival Pick up

Departure Transfer

Business Car

RMB400 (One way rate)

Benz Commercial

RMB800 (One way rate)

Note

Beijing Continental Grand Hotel offers the above mentioned Limousine Services for airport transfer. Please advise your arrival and departure flight and your preferred transfer vehicle. The airport valet of our hotel will meet the guest(s) at the arrival hall with a signboard bearing the hotel logo.

PAYMENT & CREDIT CARD DETAILS (note: payment by telegraphic transfer or credit card is subject to 3% admin fee)

American Express

MasterCard

Visa

Card no.:

Expiry Date:

(dd-mm-yy)

Cardholder's name:

CVV Code:

(last 3 digits behind the card)

Signature:

COMPLETE DETAILS IN FULL

Name of Guest:

Organisation:

Address:

Tel. No:

Fax No.:

Email:

Arrival Date:

Flight No:

Arrival Time:

Departure Date:

Flight No:

Departure Time:

Room Type:

Single

Double

Twin

Non-Smoking

Smoking