



CENTRAL HOTEL
SHANGHAI
王寶和大酒店

Central Hotel Shanghai (Pharma SUG)

COMPANY : DATE :
(公司) _____ (日期) _____
Contact Person :
(联系人) Name: _____ Email: _____

*** RESERVATIONS Email: ben.shan@grandcentralhotelsh.com, Tel: 021-53538888*80859***

NAME (姓名) : _____
ARR. DATE (到达日期) : _____
DEP. DATE (离店日期) : _____
ROOM TYPE (房型) : Superior King Room RMB800net (one breakfast)
Superior Twin Room RMB850net (two breakfast)
PAYMENT (付款方式) : _____

⊙ Room will be held until **18:00** without **guaranteed**, guarantee booking should be paid in advance or present valid credit card number, one night room charges will be applied if no-show
(如果您不为您的预订作担保, 我们将最晚保留至晚上六点)

GUARANTEED BY : _____ EXP : _____ /

SHOULD YOU HAVE ANY QUERIES, PLEASE CONTACT THE UNDERSIGNED AT
(若您有何问题, 请与我们联系)

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