



Please note this deadline is for reference only.
Bookings are subject to Hotel availability.
You are advised to confirm your booking ASAP.

DEADLINE: OCTOBER 16, 2009

Show Date:
Nov 18-20, 2009

Part F
P.39-45

HOTEL RESERVATION FORM - CATEGORY 'B'

THIS FORM SHOULD BE FILLED IN NEATLY AND FAX TO OUR TRAVEL AGENT, "SHANGHAI VISION"

To: Shanghai Vision Expo & Meeting Solutions Co., Ltd.	From: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Attn: Ms. Jenny Zhang / Mr. Jack Gu	Company:
Tel: (86 21) 5481 6051 / 5481 6052	Booth no:
Fax: (86 21) 5481 6032	Contact:
Email: jenny@shanghai-vision.com jackgu@shanghai-vision.com	Tel.:
Website: www.shanghai-vision.com	Fax:
	E-mail:

We would like to make room reservation at: (Please tick "✓" in the appropriate box to indicate your order.)

<input type="checkbox"/> Crowne Plaza Century Park Shanghai	<input type="checkbox"/> Tong Mao Hotel
<input type="checkbox"/> Four Points by Sheraton Shanghai, Pudong	<input type="checkbox"/> Lujiazui Century Hotel
<input type="checkbox"/> Parkview Hotel	<input type="checkbox"/> Tanfu Boutique Business Hotel

Please fill in with BLOCK LETTERS and duplicate this Form for further use, if necessary.

	<u>Guest Name</u>	<u>Check-in Date</u>	<u>Check-out Date</u>	<u>Total Room Night</u>	<u>Room Rate</u>	<u>Room Type/Remarks*</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

* Remarks: SGL = Single room, DBL = Double room, TWN = Twin beds room,
 Smoking Room, Non-smoking Room

Breakfast Required: Included _____ person(s) require additional breakfast No

Transportation: Pick up service between hotel and Hongqiao / Pudong Int'l Airport. Please quote _____
 Other pick-up address: _____

Special Request: _____

ALL RESERVATION MUST BE GUARANTEED BY FIRST NIGHT'S DEPOSIT WITH CREDIT CARD:

American Express Visa Master Diners Club Others: _____

Credit Card No.: _____

Expiry Date: _____ Cardholder's Signature: _____

Address: _____ Amount: _____

ATTENTION: For any matters related to this booking (e.g. cancellation, change of schedule, etc.), please always CONTACT SHANGHAI VISION DIRECTLY. The organizer accepts no responsibility for any costs incurred.

Exhibitors should settle all room rates and other expenses directly with the hotel.

Signature: _____ **Date:** _____