

**Hotel Booking Form**

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| **Corp:** | | | | |
| **Guest Name:** | | **Mobile:** | | |
| **Hotel Name** | **Room Style** | **Quantity** | **Check-in** | **Check-out** |
|  |  |  |  |  |
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**Notes:**

1. Please fill in the form and send back to the Organizing Committee by Email.

**Contact:** Mr.LIN Yuhong **Cell Phone:**86-185 0085 5651

**E-mail:** info@info-cma.org **Fax:** 86-10-6603 3686

2. Please do the check-in before 18:00.