**\*\*\*PLEASE TYPE or WRITE IN BLOCK LETTERS CLEARY, TICK APPROIATE BOXES, COMPLETE INFORMATION IN GRAY BOXES, AND RETURN THE BOOKING FORM DIRECTLY TO YOUR SELECTED HOTEL FOR PAYMENT AND CONFIRMATION.**

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| **All rooms are on first-come-first-served basis. Please book immediately or no later than 28 February 2017** | | | | | | | | | | | | | | | |
| **DELEGATES AND ORGANISATION DETAILS** | | | | | | | | | | | | | | | |
| Mr. Mrs. Ms. | | | | | Conference Delegate Seller Media | | | | | | | | | | |
| **First Name** |  | | | | | | | | **Surname** | |  | | | | |
| **Job Title** |  | | | | | | | | **Company** | |  | | | | |
| **Tel** |  | | | | | | | | **Email** | |  | | | | |
| **Address** |  | | | | | | | | | | | | | | |
| **Country** |  | | | | | | | | **City** |  | | | **Zip Code** | |  |
| **Arrival Date / Flight** | | |  | | | | | | **Departure Date / Flight** | | | |  | | |
| **Check in date** | | |  | | | | | | **Check out date** | | | |  | | |
| **Number of Nights** | | |  | | | **Number of Rooms** | | | | | |  | **Number of Guests** | |  |
| **Accompanying persons (if any)** | | | | Mr. Mrs. Ms. | | | | | | | | | | | |
| **First Name** | |  | | | | | | | **Surname** | |  | | | | |
| **Room Type** | | Single Room (1 PAX) | | | | | Double Room (2 PAX -one big bed) | | | | | | | Twin Room (2 PAX -two beds) | |
| **Special Request** | | Smoking Room | | | | | | Non-Smoking Room | | | | | | | |

**Please select your preferred hotel**

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| **No.** | **HOTEL** | **ROOM TYPE** | **Net ROOM RATE/ night**  **(CNY)** | **BOOKING CONTACT** |
| 1 | **Lee Royal Hotel Mu Du (Conference venue)** | Deluxe Room 豪华间  Deluxe Business Single Room 豪华商务间  CEO Suite 至尊CEO套房  Deluxe Business Suite 豪华商务套房  CEO Suite 至尊CEO套房  Extra Bed 加床 | 835  1,322  1,532  1,882  2,652  150 | Contact: Ang Lee  No.239 Kaiyuan Avenue, Luolong District, Luoyang, Henan  [leeroyalhotel@126.com](mailto:leeroyalhotel@126.com)  Tel: +86 379-65979999  Fax: +86 379-65923333  Mobile: +86 18637922171  [www.mudu-leeroyalhotel.com](http://www.mudu-leeroyalhotel.com) |
| 2 | **Yaxiang Jinling Hotel** | Standard Room 标准间  Business Room 商务房  Extra Bed 加床 | 550  750  150 | Contact: LIU PEIPEI  The crossing of Wangcheng Rd & Taikang Rd, Luolong District  [ly.yaxiang@jinlinghotels.com](mailto:ly.yaxiang@jinlinghotels.com)  Tel: +86 379-65922222  Fax: +86 379-65922555  Mobile: +86 18623796672  [www.yxjlhotels.com](http://www.yxjlhotels.com) |
| 3 | **Holiday Inn Express Luoyang City Center** | Standard Room 标准间  Extra Bed 加床 | 450  120 | Contact: TIAN Mingjun  No 28, Jinchengzhai Street, Luolong District, Luoyang  [holden.tian@ihg.com](mailto:holden.tian@ihg.com)  Tel: +86 379-69958888  Fax: +86 379-69958896  Mobile: +86 15896555213  [www.hiexpress.com.cn](http://www.hiexpress.com.cn) |
| **Total Amount Payable for**       **nights X** | | | **CNY** | **=CNY** |

Note:

\* The above rates are NET price. Rates are inclusive of breakfast(s), all service charges and government tax.

\* 1 US Dollar equals to CNY 6.958 (as per 19 December 2016)

\* All special rates above are applicable for period of April 1-4 only. If you want to book before or after this date, please contact the hotel directly for room and booking.

\* The transaction shall be made in Chinese Yuan. Price in US Dollar is given only for currency estimation.

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| **METHOD OF PAYMENT** | | | | | | | | |
| I hereby authorize the hotel to charge my following credit card for cancellation made by me per the above policy. | | | | | | | | |
| **Credit Card:** | VISA | MasterCard | American Express | | | Other | | |
| **Card Number:** | **-**        -        - | | | | | | | |
| **Card Expiry Date:** | /        (month / year) | | | **Authorized Amount:** | | | CNY | |
| **Cardholder Name:** |  | | | | | | | |
| **Signature:** |  | | | | **Date:** | | |  |

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| **IMPORTANT NOTE** |
| * All room assignment will be made on first-come first-served basis. * Check-in time 15.00 hrs. and Check-out time is 12:00 noon * Credit guarantee is required upon making room reservation. * The special rate is available for PATA delegates to book within **28 February 2017** * Room reservation should be made **ONLY** with this Hotel Booking Form.   PATA is unable to guarantee the above room rate and availability for late reservation.   * Credit card guarantee or cash deposit may be required upon check-in to guarantee hotel incidental charges. * Full payment upon check-out through credit card or cash. * Official complimentary shuttle service and airport transfers will be arranged only for delegates staying at the above Official Hotels. |

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| **CANCELLATION POLICY** |
| * Cancellation notice must be in writing and sent direct to the hotel contact listed. * There is no cancellation charge if the hotels receive your written notification before 30 days prior to your arrival date. * A cancellation fee of 50% of the total amount will be charged if cancellation note is received within 29 days prior to your arrival date. * A cancellation fee of 100% of the total amount will be charged if cancellation note is received within 14 days prior to your arrival date. * Please reconfirm cancellation policy direct with the hotel when making reservation. * PATA and the ATCM2017 Host Committee will not be responsible for any hotel charges. |