



S O F I T E L Grand Mercure Mercure

中国陕西省西安市东大街319号 邮政编码: 710004 电话: +86 (0)29 8792 8888 传真: +86 (0)29 8792 8400  
319 Dong Xin Street, Xian 710004, Shaanxi Province, P.R. China Tel: +86 (0)29 8792 8888 Fax: +86 (0)29 8792 8400

## Room Reservation List

Group Name : TBA

Period Of Validity : From 01st.Nov, 2015 to 10th.Nov, 2015

Reservation Due Date : 01st.Nov, 2015

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Tel : \_\_\_\_\_

Email Address : \_\_\_\_\_

Check-in Date : \_\_\_\_\_

Arrival Flight Info./Time : \_\_\_\_\_

Check-out Date : \_\_\_\_\_

Departure Flight Info./Time : \_\_\_\_\_

Choosing Hotel Name : \_\_\_\_\_

Room Type : \_\_\_\_\_

### Room Type & Rate

Hotel	Room Type	Rate
Sofitel Xian on Renmin Square	Superior Room King Bed	RMB 700
	Superior Room Twin Bed	RMB 800
	Junior Suite King Bed	RMB 900

Remarks \*The room rate above exclud with 15% Service Charge & Tax.

\*The room rate above included with One Breakfast for King Bed Room & Two Breakfasts for Twin Bed Room.

\*Please send the Reservation list to Hotel through Fax or Email before 9th.Sep, 2015.

\*The proper check-in time should be after 2pm and the proper check-out time should be before 12am.

\*Any rooms cancellation please inform Hotel at least 3 days before arrival day, otherwise the Hotel will charge one day room fee as cancellation fee.

\*All bookings must provide Credit Card or None Guarantee Deposit Fee.

Hotel Website : <http://www.sofitel.com>

### Transportation Tariff

Car Type	Airport Pick-up One Way	Round Trip Airport	Need/Don't Need	Fligh No./Landing Time
Buick Regal (4 Seats)	518	900		
Audi A6 (4 Seats)	698	1200		
Buick GL-B (Mini Van) (6 seats)	918	1700		

Hotel Address : 319 Dong Xin Street, Xian 710004, Shaanxi Province, P.R. China

Tel. : 86 29 8792 8888

Fax. : 86 29 8792 7516

Email Address : [reservations@renminsquare.com](mailto:reservations@renminsquare.com)



## None Guarantee Deposit Authorization Form

I agree with the authorization to Sofitel Xian on Renmin Square for using my Credit Card to pay for the below consumption:

Total Fee need to pay:

Reasons:

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### Credit Card Info.:

Credit Card Type:    \_Visa    \_Master Card    \_American Express  
                          \_JCB    \_Diners Club    \_Great Wall

Credit Card No.:

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Period of Validity:

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Cardholder Name:

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Cardholder Signature:

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Authorization Period:

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**Please attached the clear copies of the Credit Card as below (Front & Back):**

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