

#### SOFITEL Grand Mercure Mercure

中国陝西省西安市东新街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 : \_\_\_\_

Room Type :

Check-in Date : \_\_\_\_\_ Arrival Flight Info./Time : \_\_\_\_\_

Check-out Date: \_\_\_\_\_ Departure Flight Info./Time: \_\_\_\_\_

Choosing Hotel Name:

#### 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

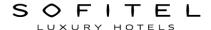
### **Transportation Tariff**

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

Emaill Address : reservations@renminsquare.com



# None Guaranree 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:				
Credit Card Info.:				
Credit Card Type:	_Visa	_Master Ca	rd	_American Express
	_JCB	_Diners Clu	ub	_Great Wall
Credit Card No.:				
Period of Validity:				
Cardholder Name:				
Cardholder Signature:				
Authorization Period:				
Please attached the clea	r copies o	of the Credit (	Car	d as below (Front & Back):
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