Reservation Form for Jinke Grand Hotel

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| --- | --- |
| Title  | Prof. / Dr. / Mrs./ Miss./ Mr. (Please tick the applicable title) |
|  Surname |   | Given Name |    |
|  Check-in Date  |    |  Check-out Date  |    |
|  Room Type  |  1 King Bed / 2 Twins Beds  |  No. of People  |    |
|   Room Rate  |  ￥380 per night with 1 daily breakfast/￥430 per night with 2 daily breakfast  |
|  Affiliation  |     |
|  Cell Phone Number  |    |
|  E-mail  |     |
|  Remarks  |     |

\* Please send this form to vincenx541@gmail.com to reserve the hotel with discount.