Dear Sir or Madam:

Please be acknowledged that all the individual reservations should be sent to us by fax or e-mail before **October 8, 2014 (17:00pm local time)**. Thereafter, hotel may not be able to confirm your booking if the room is not available.

**Hotel Address:** 800 Ling Ling Road, Xuhui District, Shanghai 200030, P.R. China

**Reservation**

Tel: 86 21-6426 6888*8211;
Fax: 86 21-6426 5909;
E-mail: rsvn@regalshanghai.com;
Attn: Ms. Cherry Qiu

**Sales**

Sales: Ms. Emily Sun

E-mail: emily_sun@regalshanghai.com

Please fill in with print letter:

Name: Mr/Ms/Miss/Dr ________________________________  Surname ________________________________  Given Name ________________________________

Check in Date: ________________________________  Check out Date: ________________________________

Reservation Confirmation Sheet back to *fax: ________________________________  or *E-mail: ________________________________

**Room Category:** (Please tick)

- [ ] Standard Room/Single  RMB 460net
- [ ] Standard Room/Double  RMB 510net
- [ ] Premier Room/Single  RMB 700net
- [ ] Executive Room/Single  RMB 1,000net

*Special Request: ________________________________ (Smoking / Non-Smoking)

*Your above Room Rates are inclusive of 15% service charge.

*One regal buffet breakfast per person per day.

*Additional Regal buffet breakfast at RMB 50.00net per person per day.

*Extra bed charge RMB 250.00net per day, exclusive breakfast.

☐ Pick Up Service: _______ (Yes/No), Flight No: ________________________________  ETA ________________________________

☐ See Off Service: _______ (Yes/No), Flight No: ________________________________  ETA ________________________________

☐ Pu Dong Airport: RMB 500.00net/per way;  ☐ Hong Qiao Airport: RMB 350.00net/per way

If limousine pick up is required, please quote quantity & size of your luggage, so that we would be able to arrange accordingly. *Remark: Car Model- Buick Sedan, maximum 2 pax with reasonable luggage.
Booking is guaranteed by:
Credit Card No: __________________________ Type: ___________ Expire Date: ___________
Cardholder Name: __________________________ Billing Address: __________________________
Nationality: __________________________ Telephone: __________________________
Contact's Name: __________________________ Contact's E-mail: __________________________

Remarks:
1. Please make your reservation before Oct 8 2014 (18:00pm local time).
2. Your reservation should be guaranteed with credit card in order to hold rooms on a definite basis.
3. For any cancellation and no show, the Hotel will levy penalty charge equivalent to one night of the room charge.

Thank you very much for your interest and we value the opportunity to be served with you.