



"Feel our warm service with no limit"

GROUP INFORMATION

GROUP'S NAME		NO OF PERSONS	
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TOUR LEADER : _____

No of Room		Rate	Date Time Form To By	Arrival	Departure
Single					
Double					
Twin					
Suite					
Ex. Bed					

ARRANGEMENT

MEALS	DATE						
	Breakfast						
	Lunch						
	Dinner						
Transfer/tour							
Other Service							

Complimentary Rooms : _____

Commission : _____

Account Instruction : _____

Remark : _____

Prepared by : _____

Date : _____