



"Feel our warm service with no limit"

### GROUP INFORMATION

GROUP'S NAME		NO OF PERSONS	
--------------	--	---------------	--

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 : \_\_\_\_\_