**HOTEL RESERVATION FORM**

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| Country : | | | | | | | | | | | | | | | |
| Name of Manager/Official | | | | | : | | | | |  | |  | | |  |
| Address | | | | | : | | | | |  | |  | | |  |
| Phone / HP | | | |  | : | | | | |  | | Fax : | | |  |
| E\_mail | | | |  | : | | | | |  | | Tgl : | | |  |
| **HOTEL DAFAM SEMARANG**  **PIC : Jati Mariana**  **Email : dosm@dafamsemarang.com**  **WA : +62812.1963.2135** | | | | | | | | | | | | | | | |
|  | **Name** | | | | | **Athlete/Official** | **Room Type**  **(Twin/King)** | | | **Check**  **In** | | | **Check**  **Out** | | |
| **No** |
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**Hotel Reservation Form must be submitted not later than 17 October 2017 to andy\_krida@yahoo.co.id**