**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**