



Please Email this form to:

Reservation Contact: Yepsa Yunika
 Email: Smsisu@swiss-belhotel.com
 cc: resvsisu@swiss-belhotel.com
 Phone: +62 821 91932899



Official Hotel : SWISS BEL-INN TUNJUNGAN

Jl. Tunjungan No.101, Embong Kaliasin, Kec. Genteng, Surabaya, Jawa Timur 60271, Indonesia

RESERVATION FORM

16 – 19 July 2025

Grand City Convention And Exhibition, Surabaya

Please use this reservation form to be eligible for event rate.

Name : Mr./Mrs./Ms.		
Arrival :		Flight / Time :
Departure :		Flight / Time :
Rate Deluxe IDR 630.000,- Deluxe Premier IDR 780.000,- Grand Deluxe IDR 830.000,- Junior Suite IDR 1.130.000,- Premier Suite IDR 1.630.000,- Term & Condition : <ul style="list-style-type: none"> The above rates are Nett inclusive of 21% service charge and government tax. Rate include 2 person breakfast 		No. of Room(s) _____ Standard <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking
Company :		Address :
Contact Person :	Tel. : Fax :	E-Mail :
Payment Procedure		
Name on Card :		
Card Number :		Expiry Date :
Type of credit card :		Signature
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> JCB <input type="checkbox"/> DC		
Note : US Dollar rates subjected to the hotel's daily exchange rate. All payments are to be made in Indonesian Rupiah		



Please Email this form to:

Reservation Contact: Kristin
 Email: rsvn.subsa@ihg.com
 cc: sales4@hiex.id
 Phone: +62 813 96951784

Official Hotel : HOLIDAYINN EXPRESS

Jl. Kedung Doro No.54-58, Sawahan, Kec. Sawahan, Surabaya, Jawa Timur 60251, Indonesia

RESERVATION FORM

16 – 19 July 2025

Grand City Convention And Exhibition, Surabaya

Please use this reservation form to be eligible for event rate.

Name : Mr./Mrs./Ms.			
Arrival :		Flight / Time :	
Departure :		Flight / Time :	
Rate Superior Room Breakfast IDR 600.000,- Deluxe Room Breakfast IDR 750.000,- Suite Room Breakfast IDR 1.650.000,- Term & Condition : <ul style="list-style-type: none"> The above rates are inclusive of 10% service charge and applicable VAT Rate include 2 person breakfast 		No. of Room(s) _____ Standard	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking
Company :		Address :	
Contact Person :	Tel. : Fax :	E-Mail :	
Payment Procedure			
Name on Card :			
Card Number :		Expiry Date :	
Type of credit card :		Signature	
<input type="checkbox"/> Visa <input type="checkbox"/> Amex	<input type="checkbox"/> Master Card <input type="checkbox"/> JCB	<input type="checkbox"/> DC	
Note : US Dollar rates subjected to the hotel's daily exchange rate. All payments are to be made in Indonesian Rupiah			