



Please Email this form to:

- Reservation Department at E-mail: e-commerce@jakartasunter.kamphihotels.com / jakartasunter@reservation.kamphihotels.com

Hotel contact person: Mr.Muhammad Aziz Halim (Sales Manager)
M : +62 812-8532-5261

Official Hotel : Kampi Hotel Jakarta

Jl. Agung Perkasa IX, K1, No.26-27 Sunter Agung, Jakarta Utara - 14330

RESERVATION FORM

16 – 18 September 2026

Jakarta International Expo Kemayoran

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

| Name : Mr./Mrs./Ms. | | | | | | | | | | | |
|--|-----------------|-----------|------------|---------------|------------|---------------|-------------|-----------------|---|----------------|----------------|
| Arrival : | Flight / Time : | | | | | | | | | | |
| Departure : | Flight / Time : | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Check-In Out</th> <th>Room Rate</th> </tr> </thead> <tbody> <tr> <td>Champ Room</td> <td>IDR 565.000,-</td> </tr> <tr> <td>Champ View</td> <td>IDR 665.000,-</td> </tr> <tr> <td>Champ Suite</td> <td>IDR 1.258.000,-</td> </tr> </tbody> </table> | Check-In Out | Room Rate | Champ Room | IDR 565.000,- | Champ View | IDR 665.000,- | Champ Suite | IDR 1.258.000,- | <table border="1"> <thead> <tr> <th>No. of Room(s)</th> </tr> </thead> <tbody> <tr> <td>_____ Standard</td> </tr> </tbody> </table> | No. of Room(s) | _____ Standard |
| Check-In Out | Room Rate | | | | | | | | | | |
| Champ Room | IDR 565.000,- | | | | | | | | | | |
| Champ View | IDR 665.000,- | | | | | | | | | | |
| Champ Suite | IDR 1.258.000,- | | | | | | | | | | |
| No. of Room(s) | | | | | | | | | | | |
| _____ Standard | | | | | | | | | | | |
| <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking | | | | | | | | | | | |
| ** The above rates are included 21% government tax and service charge | | | | | | | | | | | |
| Company : | Address : | | | | | | | | | | |
| Contact Person : / Bookers Detail | Tel. : | | | | | | | | | | |
| | Fax : | | | | | | | | | | |
| | E-Mail : | | | | | | | | | | |
| Payment Procedure | | | | | | | | | | | |
| Name on Card : | | | | | | | | | | | |
| Card Holder 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"/> Other | | | | | | | | | | | |
| Note : PLEASE PROVIDE THE FOLLOWING CREDIT CARD DETAILS TO GUARANTEE YOUR AVAILABILITY OF HOTEL ROOM. IF CREDIT CARD DETAILS ARE NOT AVAILABLE, PLEASE CONTACT THE HOTEL FOR ALTERNATIVE PAYMENT. | | | | | | | | | | | |
| Cancellation Policy: H-7 check in date maximum for free cancellation | | | | | | | | | | | |