



Reservation Form

11th Asia Pacific Medical Education Conference

15 – 19 JANUARY 2014

Reservations may be made by completing this form and returning it to the following:

Fax: +65 6349 4830 / Email: sales.admin@riverview.com.sg

From: _____ Tel: _____ Fax: _____ E mail: _____

Surname:		First Name:	
Arrival Date:		Departure Date:	
Arrival Flight & Time:		Departure Flight & Time:	
Passport No:		Passport Expiry Date:	
SHARER DETAILS (IF ANY)			
Surname:		First Name:	
Arrival Date:		Departure Date:	
Arrival Flight & Time:		Departure Flight & Time:	
Passport No:		Passport Expiry Date:	

Room Type & Daily Special Rates (please select one)

<input type="checkbox"/>	Superior Single with 01 breakfast & internet	S\$195++	<input type="checkbox"/>	Superior Twin/Double with 02 breakfasts & internet	S\$215++
<input type="checkbox"/>	Deluxe Single with 01 breakfast & 01 internet	S\$215++	<input type="checkbox"/>	Deluxe Twin/Double with 02 breakfast & 01 internet	S\$235++

(Guest has to equipped with their own laptop for wireless internet access)

Remarks

- Rates are in SINGAPORE DOLLARS, subject to 10% service charge & prevailing GST unless otherwise stated
- Rates are valid for the above event, for the period of 3 days before till 3 days after the event
- Reservation will be confirmed upon received of guarantee by credit card information below.
- **Reservation must be made before 15 December 2013 to enjoy the above special rates**
- **Advance reservation is required, room is subject to availability upon confirmation**
- Please be advised of the following cancellation policy
 - one night's room charges is applicable for cancellation made less than 7 days prior arrival
 - 50% of the room charge for the total length of stay is applicable for cancellation made less than 14 days prior arrival
 - 100% of the room charge for the total length of stay is applicable for no show or cancellation on arrival day
- Check-in time is after 14:00 hour and Check-out time is before 12:00 hour (Early Check-in & Late Check-out will be subject to room availability and surcharges).

Credit Card Guarantee : _____ Amex _____ Visa _____ Master _____

Credit Card No : _____ Expiry Date : _____

Credit Card Holder Name : _____ Signature : _____

Hotel Use

Confirmed by : _____ Date : _____ Confirmation No. : _____