



Reservation Form

NUS Yong Loo Lin School of Medicine: 13th Asia Pacific Medical Education Conference

13 - 17 JANUARY 2016

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Reservations may be made by completing this form and returning it to the following: Fax: +65 6349 4830 / Email: sales.admin@riverview.com.sg

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Surname:				First Name:			
Arrival Date:							
				Departure Date:			
Arrival Flight & Time:				Departure Flight & Time:			
Passport No:				Passport Expiry Date:			
		SHARER D	ET	AILS (IF ANY)			
Surname:				First Name:	st Name:		
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Passport No:				Passport Expiry Date:			
Room Type & Daily Spe	ecial Rates	(please sele		1 1	<u> </u>		
 Rates are valid for the about Reservation will be confirmed. Reservation must be made. Advance reservation is remarked. Please be advised of the formal of the room charged. 50% of the room charged. 100% of the room charged. 	th their own DOLLARS, to be event, for med upon rece before 11 L quired, room ollowing cancers is applicable for the total ge for the total 00 hour and	subject to 10% of the period of ceived of guard of guard of subject to a cellation policy ole for cancella length of stay al length of stay Check-out tin	rele.	Deluxe Twin/Double (Newly Renovated) with 02 breakfa internet ss internet access) vice charge & prevailing GST unleady before till 3 days after the event by credit card information belowenjoy the above special rates fability upon confirmation made less than 7 days prior arrive opplicable for cancellation made less applicable for no show or cancellation to before 12:00 hour (Early Check-	ess otherwise t al ass than 3 days	s prior arrival val day	
Credit Card Guarantee :		Amex		Visa	M	laster	
Credit Card No :			Expiry Date :				
Credit Card Holder Name :			Signature :				
Hotel Use		Date :		Confirmation	No :		