



RESERVATIONS FORM
4TH ASIA PACIFIC MEDICAL EDUCATION CONFERENCE
07th TO 12th FEBRUARY, 2007

GUEST INFORMATION

Name : (Ms/Mdm/Mr/Dr) _____

Date of Arrival : _____ Flight/ETA : _____

Date of Departure : _____ Flight/ETD : _____

ROOM TYPE/RATE

- | | |
|---|---|
| <input type="checkbox"/> Superior room at S\$130.00 (Single/Double) | <input type="checkbox"/> Executive room at S\$188.00 (Single)/ S\$208.00 (Double) |
| <input type="checkbox"/> Deluxe room at S\$140.00 (Single/Double) | <input type="checkbox"/> Premier room at S\$208.00 (Single)/ S\$228.00 (Double) |
| <input type="checkbox"/> Suite room at S\$350.00 (Single)/ S\$370.00 (Double) | <input type="checkbox"/> Extra Bed _____ (charge of S\$50.00 per room per night) |
- Daily American Buffet Breakfast at S\$15.00 per person (rate is applicable only upon time of reservation)

Remarks:

COMPANY REFERENCE

Company Name & Address : _____

_____ Postal Code : _____

Contact Person : _____ Telephone : _____ (HP) _____ (O)

Email : _____ Fax: _____

PAYMENT

- Pax Account (deposit collected S\$ _____)
Credit Card AMEX MASTERCARD VISA JCB DINERS

Cardholder's name : _____ Card Number : _____

Expiry Date : _____ Authorized Signature : _____

Reservation Taken by : _____ Company's Stamp : _____

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

NOTE:

1. All rates quoted above are subject to 10% service charge, 1% prevailing tax and 5% GST.
2. All reservation forms to be returned to the email address or fax number indicated below by 6th January 2007. Returned reservation form/s must indicate the name and valid credit card numbers with expiry date to guarantee the reservation.
3. In the event of any "CANCELLATION" (less than 14 days prior to the arrival date) or "NO SHOW", one night room charge will be imposed. Room type and category are subject to availability upon reservation.