RESERVATIONS FORM

5^{TH} ASIA PACIFIC MEDICAL EDUCATION CONFERENCE (APMEC) $24^{TH} - 27^{TH}$ JANUARY 2008

(Submission Deadline: 30 December 2007)

GUEST IINFORMATION		
Name (Prof / Dr / Mr / Mrs / Ms)		
Organisation		
Designation		
Address		
Telephone	Fax	
Email		
Arrival Date	Flight Detail	
Departure Date	Flight Detail	

ACCOMPANYING PERSON

Name (Prof / Dr / Mr / Mrs / Ms)	
Name (Prof / Dr / Mr / Mrs / Ms)	

ACCOMMODATION

Room Type /	Room Rate		Method of Payment	
SUPERIOR ROOM	* S\$200 +++	Single / Twin room only	* Personal Acct	* DINERS
	* S\$215 +++	Single with buffet breakfast	* AMEX	* MASTER
	* S\$230 +++	Twin with buffet breakfast	* VISA	* JCB
	·,		Credit Card Details:	
CLUB	* S\$308 +++	Single	No :	
ROOM	* S\$338 +++	Twin	Expiry Date :	
			Signature :	

NOTE:

- 1. All rates quoted above are subject to 10% service charge and prevailing government taxes.
- 2. All reservation forms to be returned to the email address or fax number indicated below on or before <u>30</u> <u>December 2007</u>. Room and rates will be subjected to availability and changes after 30 December 2007.
- 3. Returned reservation form/s must indicate the name and valid credit card numbers with expiry date to guarantee the reservation.
- 4. 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.

ORCHARD PARADE HOTEL, 1 Tanglin Road, Singapore 247905 Telephone: (65) 67371133, Facsimile: (65) 67317070 (Reservations) or 62359436 (Sales)

Email: reservations@orchardparade.com.sg Website: www.orchardparade.com.sg