## **Reservation Form**





## 5<sup>th</sup> Asia Pacific Medical Education Conference 24 -27 January 2008

Reservations may be made by completing this form and returning it to the Reservation Department Tel: +65 6349 4888 / Fax: +65 6349 4830 / Email: <a href="mailto:reservation@riverview.com.sg">reservation@riverview.com.sg</a>

From:	Fax :		E mail :		
Room Type	Special Rates	Name of			Check Out
Superior Single (with 1 breakfast)	\$150+++	Guest(s	Date	Flight	Date
Superior Twin/Double (with 2 breakfast)	\$165+++				
Deluxe Single (with 1 breakfast)	\$180+++				
Deluxe Twin/Double (with 2 breakfast)	\$195+++				
* For booking under deluxe (Guest has to equipped wi	_			ess per room	
<ul> <li>Remarks</li> <li>Rates are in SINGAPORE DOLLARS and subject to 10% service charge and prevailing goods and services tax.</li> <li>Rates are valid from 3 days before the event till 3 days after the event</li> <li>Reservation will be confirmed upon received of credit card guarantee by filling up the information required below</li> <li>Reservation must be made14 days before the start of the event to enjoy the above special rates</li> <li>Advance reservation is required, room is subject to availability upon confirmation</li> <li>Please be advised that one night's room charges will be levied for no show or cancellation made less than 72 hours prior arrival.</li> <li>Check-in time is after 14:00 hour and Check-out time is before 12:00 hour (Early Check-in &amp; Late Check-out will be subject to room availability and surcharges).</li> </ul>					
Credit Card Guarantee:		Amex	Visa		_ Master
Credit Card No :			Expiry Date :		
Credit Card Holder Nan	ne :		Signature :		
<b>Hotel Use</b>					
Confirmed by :		Date :	Confirmation No. :		