



HOTEL RESERVATION FORM

Please forward completed form to email: celina.chua@stregis.com or
fax +65 6736 7705 . Tel: +65 6736 7715 (Attn: Ms. Celina Chua)
by 22 December 2007

St. Regis Hotel Singapore
29 Tanglin Road, Singapore 247911

Tel: +65 6736 7700

Fax: +65 6736 7705

<http://www.stregis.com/singapore>

Host – National University of Singapore
5th Asia Pacific Medical Education Conference
24 – 28 January 2008

<u>Selection</u>	<u>Room Type</u>	<u>Single / Double Occupancy</u>
<input type="checkbox"/>	Executive Deluxe Rooms (Room size: 50sqm)	**S\$400++ (single / double) A-la-carte breakfast at \$40++ per person

Rates are subject to 10% service charge, 7% government tax

I/we wish to make a reservation as follows:		
Guest Name(s): First Name	Last Name	Nationality
*Room Preference: ___ Smoking ___ Non-smoking room	___ King size bed ___ Double beds	
Passport No.	Country of Issue	Date Issued : Date Expiry:

*Kindly note that all room rates and preferences are based on availability upon confirmation

**Please note that the rate is exclusively for 5th Asia Pacific Medical Education Conference attendees and is only valid till 22 December 2007. After which our hotel will be pleased to extend our Best Available Rates for all 5th Asia Pacific Medical Education Conference attendees.

BUSINESS INFORMATION		
Company Name		
Job Title		E-mail
Company Address		
City	State/Province	Tel :
Country	Postal Code	Fax :
FLIGHT DETAILS		
Arrival Date	Flight/ETA	Airport Pick-up (S\$265 nett per car per way inclusive of personalized custom clearance at CIP Terminal. Midnight surcharge applies) <input type="checkbox"/> Yes <input type="checkbox"/> No
Departure Date	Flight/ETD	
		Airport Drop Off (S\$265 nett per car per way inclusive of personalized custom clearance at CIP Terminal. Midnight surcharge applies) <input type="checkbox"/> Yes <input type="checkbox"/> No

My account will be settled by

Credit Card

In order to firm up my reservations, I would like to guarantee this with my credit card details as follows:

Type of Card _____

Credit Card No. _____

Batch Code (for Amex card) _____

Expiry Date _____

Cardholder's Name _____

Cardholder's Signature _____

RESERVATION PROCEDURES AND POLICY

To assist us in preparing for your guest's arrival, please advise us of the arrival flight details as soon as they are available. At the same time, the hotel mandates that all reservations be guaranteed by furnishing the guest's credit card details or guaranteed by the company in the form of a written fax. In the event that your guest does not check-in or if a guaranteed reservation is cancelled less than 48 hours prior to guest arrival, there will be a one night no-show charge.

CHECK-IN AND CHECK-OUT TIME

Check-in time at the Hotel is after 1400hrs. The Hotel will make reasonable efforts to accommodate early arrivals before 1400hrs. Please make a one night pre-blocking of guest rooms should you require an early check in before 1400hrs.

The official check-out time is 1200hrs. Late check-out will be on request basis. Subject to availability, a 50% discount off the room rate will apply if guest checks-out before 1800hrs. If the guest checks out after 1800 hrs, a full day charge will be levied based on the existing room rate.

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FOR HOTEL USE ONLY		
Confirmation No.	Reservation Type	Credit Card No.
Room No.	Room Type	Advance Deposit
No. of Guests	Room Rate	Reservation Clerk

