

$6^{ m th}$ Asia Pacific Medical Education Conference (APMEC) Hotel Reservation Form $19^{ m th}-22^{ m nd}$ February 2009

| To : Sharon Perera | | <u>-</u> | | |
|--|---|--|--|-----------------------------|
| E-mail: sharon.perera@m-hotel.com | | | Fax : 65-6224 3173 | |
| BOOKING DETAILS Kindly fill-up this form and email or fax it over to Sharon Perera. The hotel will send you a confirmation letter upon receipt of your reservation form. | | | | |
| Please send us your reservation form by 5 Jar | nuary 2009. Room rate | may be subject to change | s if booking is receive | d after the indicated date. |
| Yes, I would like to make reservation as follow | /S. | , | | |
| □ NEW BOOKING | ☐ AMENDMENT | ☐ CANCELLATIO | N [| SPECIAL REQUEST |
| Guest First Name : | | Guest Last Name : | | _ . |
| Company : | · | Contact No. : | | |
| Fax : | | Email : | | |
| Arrival : | Flight N | lo : | ETA | : |
| Departure : | Flight N | lo : | ETD | : |
| | | | | |
| ROOM TYPE (PLEASE TICK YOUR SELECT | TON) RATE | | NO. O | FROOM |
| Standard Room | * S\$295++ (T\ | win) with breakfast for 2 | persons | |
| | | | | ***** |
| ☐ Superior Room | * S\$300++ (Si | ngle) Triple B Plan | • | |
| | - | | | |
| ☐ Deluxe Room | * S\$345++ (Si | ngle) Triple B Plan | • | |
| GUEST BENEFITS FOR SUPERIOR ROO - Daily newspaper; In-room coffee & t Complimentary access to gym and out | ea making facilities; In-ro | nom laptop safe; Wireles: | s keyboard; Separate | e Bath and shower cubicle; |
| ADDITIONAL PRIVILEGES FOR TRIPLE - All benefits as indicated for Superior ro - Daily International buffet breakfast at - Complimentary in-room unlimited broa | ooms Café 2000 between 6.30an dband access | n and 10.30am | | |
| The above rates are valid for booking fro The above rates quoted are subject to 10 Check-in time is at 1400hrs. Check-out ti of the room rate(s). A full day charge wi Any request for change of arrival or depa All room charges are on personal account All room reservations must be guaranteed A one night cancellation charge will be in In the event of No-show, one night charge | 0% service charge and 7% me is at 1200 hours. Late II be levied for late check-crture date will be subject t t and payment must be seld with a non-refundable denposed for cancellation mage will be imposed. | GST check-out after 1200 hour out after 1800 hours, subject availability. Itled in full upon departure posit upon reservation. de less than 30 days before | ect to availability. e, unless otherwise in | dicated. |
| | GREDII GA | RD GUARANTEE | Section Control of the Control of th | |
| Yes, I accept the above terms and condit | | | | ation to my credit card |
| Credit Card : AMEX | ☐ DINERS ☐ MASTER | | Please tick) | |
| Name of Cardholder : | | Signature | : | |
| Card Number : | | Expiry Date | | |
| er og produktiva i sama karaken (192 | FOR HOT | EL USE ONLY | | |
| Acknowledged by : | Reply Date : | | Confirmation No | : |
| Total Amount : | Deposit (3-nights) ; | S\$nett | Balance Payment | : S\$nett |