## **Reservation Form**





## 6<sup>th</sup> Asia Pacific Medical Education Conference 19 - 22 February 2009

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

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Room Type	Special	Name o			Check Out	
	Rates	Guest(s	s) Date	Flight	Date	
Superior Single	\$195+++					
(with 1 breakfast)						
Superior Twin/Double	\$215+++					
(with 2 breakfast)						
Deluxe Single	\$235+++					
(with 1 breakfast)						
Deluxe Twin/Double	\$255+++					
(with 2 breakfast)						
* For booking under deluxe	room rate, gu	est can enjoy on	e wireless internet acce	ess per room	•	
(Guest has to equipped wi	th their own la	ptop for wireless	internet access)	_		
<ul> <li>Reservation will be conf</li> <li>Limited rooms are availa</li> <li>Advance reservation is re</li> <li>Please be advised that or prior arrival.</li> <li>Check-in time is after 14: be subject to room availa</li> </ul>	ble. Please make quired, room is ne night's room of the contract of the contra	te your reservation subject to availabe charges will be leveleck-out time is bej	n early to enjoy the above ility upon confirmation wied for no show or cance	e special rates	ess than 7 days	
Credit Card Guarantee:		Amex	Visa		Master	
Credit Card No :			Expiry Date :			
Credit Card Holder Name :			Signature : _	Signature :		
<b>Hotel Use</b>						
Confirmed by:		Date:	Confirm	Confirmation No.:		